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# ANNUAL REPORT

*of the*

**Medical Officer of Health**

*On the Health and Sanitary Circumstances of the  
Borough and Port of Poole*

FOR THE YEAR  
**1952**

**JAMES HUTTON, M.D., D.P.H.**

Medical Officer of Health of the Borough and Port of Poole

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JAMES HUTTON, M.D., D.P.H.

Medical Officer of Health

Public Health Department  
Municipal Buildings  
Poole





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## PREFACE

Public Health Department,  
Municipal Buildings,  
Poole.

*To the Worshipful the Mayor, and Aldermen and Councillors of the Borough  
and County of the Town of Poole.*

I submit for your information and consideration the report on the health and sanitary circumstances of the Borough and Port of Poole for the year 1952, prepared in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health. The form of presentation suggested in Circular 1728 of the 25th October, 1938, has been followed. The Report is divided into three parts:

### PART I

- A. Statistics and Social Conditions of the Area.
- B. General Provision of Health Services for the Area.
- C. Sanitary Circumstances of the Area.
- D. Housing.
- E. Inspection and Supervision of Food.
- F. Prevalence of and Control over Infectious and Other Diseases.

### PART II

The Health and Sanitary Circumstances of Poole Seaport.

### PART III

The School Health Services in the Borough of Poole.

### APPENDIX

Statistics of the Personal Health Services.

During 1952 the health of the Borough was quite satisfactory. The incidence of the major infectious diseases was low, and there were no deaths from diphtheria, scarlet fever, measles, or the enteric group of fevers. There were 6 cases of poliomyelitis, with no deaths.

In presenting this report, I wish to express my thanks to the Chairman and members of the Public Health Committee for their kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. For his assistance in compiling statistics in this report, my thanks are due to the Chief Sanitary Inspector, Mr. R. Leggat, who has prepared in the main the sections dealing with Sanitary Circumstances, Housing and Food.

JAMES HUTTON,

September, 1953.

*Medical Officer of Health.*

## COMMITTEES AND STAFF, 1952

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### PUBLIC HEALTH AND PORT HEALTH COMMITTEE

*Chairman:* Alderman D. A. HAYNES, J.P.

*Vice-Chairman:* Councillor F. V. CRAWSHAW

*Aldermen:*

S. D. BALLAM  
J. BRIGHT, J.P.

A. B. HAYNES, J.P.  
Miss M. M. LLEWELLIN, J.P.

*Councillors:*

L. W. CHISMAN  
Mrs. J. D. COLES  
R. C. HART  
Mrs. E. M. HICKINSON, J.P.

L. J. MATCHAN  
L. S. MILLER  
Mrs. M. E. WALTERS  
Mrs. A. WILLIS

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### PUBLIC HEALTH DEPARTMENT

*Medical Officer of Health*  
*Port Medical Officer*

} JAMES HUTTON, M.D., D.P.H.

*Deputy Medical Officer*  
*of Health and Deputy*  
*Port Medical Officer*

} JAMES A. SINCLAIR, M.B., Ch.B., D.P.H.

*Senior Sanitary Inspector:*

ROBERT LEGGAT, Cert. as S.I. and M.I.

*Sanitary Inspectors:*

C. A. TRIM, Cert. as S.I. and M.I.  
C. GLOVER, Cert. as S.I. and M.I.  
R. R. TUCKER, Cert. as S.I. and M.I.  
F. K. W. FRANCIS, Cert. as S.I. and M.I.  
R. M. IMPETT, Cert. as S.I. and M.I.  
M. H. STOCKLEY, Cert. as S.I. and M.I.

*Clerks:*

Miss E. I. TAPPER (resigned 1/10/52)  
MICHAEL OLD  
(on National Service, 4/9/52)

Mrs. M. FOWLER  
Miss S. MACKAY  
D. HERBERT (appointed 4/9/52)

*Public Analyst:* A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

*Veterinary Surgeon:* Lt.-Col. J. S. KINGSTON, M.B.E., M.R.C.V.S.





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## PART I

## SECTION A

## GENERAL STATISTICS

(1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.

(2) Population:

(a) As at Census, 1931	...	...	...	...	57,211
(b) As estimated by Registrar-General at 30th June, 1952	...	...	...	...	83,270
(c) National Registration, 1939	...	...	...	...	77,954
(d) Census 1951. Registrar-General's Preliminary Report	...	...	...	...	82,958

(3) Total number of Inhabited Houses (from Rate Book):

As at December, 1948	...	...	...	...	22,839
As at December, 1949	...	...	...	...	23,458
As at December, 1950	...	...	...	...	23,704
As at December, 1951	...	...	...	...	24,194
As at December, 1952	...	...	...	...	24,645

(4) Rateable Value at 1st April, 1952	...	...	£693,422
Sum represented by a Penny Rate	...	...	£2,768

## SOCIAL CONDITIONS AND UNEMPLOYMENT

For recent years the condition of the labour market has been as shown below:

Year	Average of Unemployment	Unemployment as at December
1944	71	100
1945	69	299
1946	246	342
1947	360	430
1948	498	685
1949	495	540
1950	437	493
1951	356	396
1952	507	723

## METEOROLOGICAL REPORT FOR 1952

*I am indebted to the Borough Meteorological Observer, Mr. Middlewick, for the following meteorological data :*

A general survey of the meteorological records for 1952 reveals that the weather was better than normal and a great improvement on that experienced in the previous year. The hours of sunshine were well above average and the rainfall below average.

### Sunshine

Sunshine in 1952 was very much better than in 1951, the total hours being 1,831.5 as against 1,699.5 hours in 1951, an increase of 132 hours. November and December were the worst months with 72.6 and 73.4 hours respectively, a daily average of 2.4 hours. June, as usual, was the sunniest month with a total of 258.7 hours, a daily average of 8.6 hours. The longest period of sunshine was on May 17th when there were 14.4 hours.

### Rainfall

The total rainfall for the year was 30.59 inches, this total being 0.71 inches below the average and 12.16 inches below the total for 1951. The wettest months were September and October with 4.47 and 4.85 inches respectively. February was the driest month with 0.66 inches, being closely followed by July and June. The greatest fall of rain in one day was on August 18th, when there were 1.70 inches.

### Temperature

The annual range of temperature was 15° F., the average maximum temperature being 58° F., and the average minimum temperature 43° F. July was again the warmest month with an average maximum temperature of 74° F. The coldest month was the same as the year before, namely February, with an average maximum temperature of 46° F., and an average minimum temperature of 32° F. The highest maximum for the year was 91° F. on July 1st; the lowest maximum recorded was 34° F. on January 26th; the highest minimum was 64° F. on July 1st; and the lowest minimum was 21° F. on January 27th.

		Average Max. Temp.	Average Min. Temp.	Rainfall	Sunshine
January ...	...	46	33	2.10	100.9
February ...	...	46	32	0.66	95.1
March ...	...	51	40	2.56	98.5
April ...	...	59	41	1.65	184.8
May ...	...	65	47	2.34	230.6
June ...	...	69	49	0.85	258.7
July ...	...	74	54	0.70	221.9
August ...	...	71	56	3.60	217.8
September ...	...	63	45	4.47	166.8
October ...	...	58	45	4.85	110.4
November ...	...	47	36	3.95	72.6
December ...	...	46	34	2.86	73.4

# SUMMARY OF VITAL STATISTICS FOR THE YEAR 1952

As supplied by the Registrar General

				Total	Male	Female
<b>Live Births</b>						
Total registered	...	...	...	1147	565	582
Legitimate ...	...	...	...	1085	529	556
Illegitimate...	...	...	...	62	36	26
<b>Stillbirths</b>						
Total registered	...	...	...	25	13	12
Legitimate ...	...	...	...	22	11	11
Illegitimate	...	...	...	3	2	1
<b>Deaths</b>						
Total registered	...	...	...	1044	532	512
<b>Maternal Mortality</b> ... ..						
Deaths from puerperal causes :						
Puerperal sepsis	...	...	...	—	—	—
Other puerperal causes	...	...	...	—	—	—
Total	...	...	...	—	—	—
<b>Deaths from Special Causes</b>						
Cancer	...	...	...	188	92	96
Whooping Cough	...	...	...	—	—	—
Measles	...	...	...	—	—	—
Scarlet Fever	...	...	...	—	—	—
Diphtheria	...	...	...	—	—	—
Enteritis (under 2 years of age)	...	...	...	—	—	—
<b>Infant Mortality</b>						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	36	17	19
Legitimate	...	...	...	34	16	18
Illegitimate	...	...	...	2	1	1



	Comparative Statistics (Where available)	
	Poole	England & Wales
<b>Birth Rate</b> per 1,000 estimated resident population, mid-1951 ... ..	14.18	15.3
<b>Stillbirth Rate</b> per 1,000 population ...	0.30	0.35
<b>Death Rate</b> per 1,000 estimated average population ... ..	10.53	11.30
<b>Maternal Mortality Rate</b> per 1,000 total (live and still) births		
Puerperal sepsis ... ..	—	0.09
Other causes ... ..	—	0.52
Abortion with sepsis ... ..	—	0.07
Abortion without sepsis ... ..	—	0.04
<b>Death Rate of Infants</b> under 1 year of age		
All infants per 1,000 live births ...	31.39	27.6
Legitimate infants per 1,000 legitimate live births ... ..	31.34	—
Illegitimate infants per 1,000 illegitimate live births ... ..	32.26	—
<b>Death Rates</b> per 1,000 estimated average population		
Tuberculosis—pulmonary ...	0.28	} 0.24
non-pulmonary ...	—	
Cancer ... ..	2.26	—
Diphtheria ... ..	—	—
Measles ... ..	—	—
Enteritis (under 2 years) per 1,000 live births ... ..	—	1.1



# CAUSES OF DEATH DURING THE YEAR 1952

(Supplied by the Registrar General)

<i>Causes of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1. Tuberculosis, respiratory ... ..	19	5	24
2. Tuberculosis, other ... ..	—	—	—
3. Syphilitic Disease ... ..	3	1	4
4. Diphtheria ... ..	—	—	—
5. Whooping Cough ... ..	—	—	—
6. Meningococcal Infections ... ..	—	—	—
7. Acute Poliomyelitis ... ..	—	—	—
8. Measles ... ..	—	—	—
9. Other Infective and Parasitic Diseases ... ..	—	1	1
10. Malignant Neoplasm, Stomach ... ..	12	7	19
11. Malignant Neoplasm, Lung, Bronchus ... ..	26	6	32
12. Malignant Neoplasm, Breast ... ..	—	21	21
13. Malignant Neoplasm, Uterus ... ..	—	7	7
14. Other Malignant and Lymphatic Neoplasms ... ..	54	55	109
15. Leukaemia, Aleukaemia ... ..	1	1	2
16. Diabetes ... ..	2	3	5
17. Vascular Lesions of Nervous System ... ..	64	95	159
18. Coronary Disease, Angina ... ..	95	66	161
19. Hypertension with Heart Disease ... ..	9	14	23
20. Other Heart Disease ... ..	82	96	178
21. Other Circulatory Disease ... ..	21	21	42
22. Influenza ... ..	1	—	1
23. Pneumonia ... ..	13	20	33
24. Bronchitis ... ..	13	8	21
25. Other Disease of Respiratory System ... ..	10	5	15
26. Ulcer of Stomach and Duodenum ... ..	6	1	7
27. Gastritis, Enteritis and Diarrhoea ... ..	1	3	4
28. Nephritis and Nephrosis ... ..	12	7	19
29. Hyperplasia of Prostate ... ..	11	—	11
30. Pregnancy, Childbirth, Abortion ... ..	—	—	—
31. Congenital Malformations ... ..	6	6	12
32. Other Defined and Ill-defined Diseases ... ..	52	49	101
33. Motor Vehicle Accidents ... ..	2	2	4
34. All Other Accidents ... ..	7	9	16
35. Suicide ... ..	10	3	13
36. Homicide and Operations of War ... ..	—	—	—
<b>TOTAL ... ..</b>	<b>532</b>	<b>512</b>	<b>1044</b>

**Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952. Registrar General's Provisional figures based on Quarterly Returns.**

	England and Wales	160 County Borough and Great Towns (including London)	160 Smaller Towns (Resi- dent Population 25,000-50,000 at 1931 Census)	London Admin. County
<b>Births</b>	<b>Rates per 1,000 Home Population</b>			
Live births ... ..	15.3	16.9	15.5	17.6
Still births ... ..	0.35	0.43	0.36	0.34
	22.6(a)	24.6 (a)	23.0 (a)	19.2(a)
<b>Deaths</b>				
All Causes ... ..	11.3	12.1	11.2	12.6
Typhoid and Paratyphoid	0.00	0.00	0.00	—
Whooping Cough ...	0.00	0.00	0.00	0.00
Diphtheria ... ..	0.00	0.00	0.00	0.00
Tuberculosis ... ..	0.24	0.28	0.22	0.31
Influenza ... ..	0.04	0.04	0.04	0.05
Smallpox ... ..	0.00	—	—	—
Acute Poliomyelitis (in- cluding Polioencephalitis)	0.01	0.01	0.00	0.01
Pneumonia ... ..	0.47	0.52	0.43	0.58
<b>Notifications (corrected)</b>				
Typhoid Fever ... ..	0.00	0.00	0.00	0.00
Paratyphoid Fever ...	0.02	0.02	0.03	0.01
Meningococcal Infection	0.03	0.03	0.03	0.02
Scarlet Fever ... ..	1.53	1.75	1.58	1.56
Whooping Cough ...	2.61	2.74	2.57	1.66
Diphtheria ... ..	0.01	0.01	0.03	0.01
Erysipelas ... ..	0.14	0.15	0.12	0.14
Smallpox ... ..	0.00	0.00	0.00	—
Measles ... ..	8.86	10.11	8.49	9.23
Pneumonia ... ..	0.72	0.80	0.62	0.57
Acute Poliomyelitis (in- cluding Polioencephalitis)				
Paralytic ... ..	0.06	0.06	0.06	0.06
Non-paralytic ... ..	0.03	0.03	0.02	0.03
Food Poisoning ... ..	0.13	0.16	0.11	0.18
Puerperal Pyrexia ...	17.87 (a)	23.94(a)	10.22(a)	30.77(a)
<b>Deaths</b>	<b>Rates per 1,000 Live Births</b>			
All causes under 1 year of age ... ..	27.6(b)	31.2	25.8	23.8
Enteritis and diarrhoea under 2 years of age ...	1.1	1.3	0.5	0.7

### Maternal Mortality in England and Wales

<i>International List No. and Cause</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>
A.115. Sepsis of pregnancy, childbirth, and the puerperium ... ..	0.09	
A.116. Abortion with toxæmia ... ..	0.02	1
Other toxæmias of pregnancy and the puerperium ... ..	0.21	—
A.117. Haemorrhage of pregnancy and childbirth ... ..	0.09	—
A.118. Abortion without mention of sepsis or toxæmia ... ..	0.04	3
A.119. Abortion with sepsis ... ..	0.07	5
A.120. Other complications of preg- nancy, childbirth and the puerperium	0.20	—



## VITAL STATISTICS — POOLE — 1861 to 1952

Year	Population	Infantile Mortality*	Birth Rate†	Death Rate†	* per 1,000 Births. † per 1,000 of Population. ‡ Census.		
1861	† 9759 §				§ Parishes of St. James, Longfleet, Parkstone, Hamworthy.		
1871	† 10097				Borough enlarged by the addition of Branksome Urban District.		
1881	† 12156				L Borough enlarged by the addition of Canford Magna Parish.		
1891	† 15403	78	27.8	14.1	Marriage Rate †	Cancer Death Rate †	Pulmonary Tuberc. Death Rate†
1892	† 15887	171	29.3	20.7			
1893	† 16275	165	28.2	17.8			
1894	† 16662	91	32.2	13.7			
1895	† 17050	126	29.5	15.1			
1896	† 17438	116	31.5	14.9			
1897	† 17826	123	28.6	15.5			
1898	† 18214	145	28.5	15.3			
1899	† 18602	163	27.3	17.4			
1900	† 18991	131	27.7	15.3			
1901	† 19461	93	27.4	13.9			
1902	† 20095	110	26.7	16.4			
1903	† 20500	135	27.0	16.1			
1904	† 21142	109	27.1	17.0			
1905	† 21804	113	26.7	15.7			
1906	32086	118	30.0	15.1	15.9	—	—
1907	† 32518	76	27.5	13.1	16.8	—	—
1908	† 33217	87	26.6	13.8	16.8	—	—
1909	† 33524	89	27.8	13.9	15.0	—	—
1910	† 34168	82	26.0	12.7	15.4	—	—
1911	† 38886	126	24.0	14.0	14.1	—	—
1912	† 40386	88	22.7	10.9	14.6	—	—
1913	† 41066	82	22.1	11.0	14.2	—	—
1914	† 41880	77	21.0	11.3	13.6	—	—
1915	† 42800	93	18.7	13.2	18.6	—	—
1916	† 42331	76	19.8	13.7	15.6	—	—
1917	† 42335	91	16.2	13.0	14.5	—	—
1918	† 43829	84	15.5	14.8	16.3	—	—
1919	† 41100	62	18.7	12.8	21.0	—	—
1920	† 43400	75	23.6	10.8	22.0	1.2	0.9
1921	† 43649	73.6	21.8	11.9	16.7	1.2	0.96
1922	† 43250	79.7	19.5	14.1	16.3	1.4	1.3
1923	† 43860	60	19.3	11.9	17.6	1.62	1.02
1924	† 45150	66.3	18.0	11.6	17.3	1.13	0.91
1925	† 46150	71.7	18.1	11.7	16.7	1.60	0.71
1926	† 49150	53.4	17.5	11.25	16.3	1.62	0.94
1927	† 51030	58.1	17.5	12.3	16.0	1.45	0.71
1928	† 52940	50.2	17.3	11.92	15.1	1.42	0.61
1929	† 53870	46.3	16.8	13.16	16.8	1.50	0.56
1930	† 56150	57.6	16.7	12.39	15.4	1.87	0.85
1931	† 57211	43.2	15.85	12.49	16.5	1.81	0.84
1932	† 58230	55.2	15.8	11.70	15.1	1.58	0.65
1933	L 63510	46.4	16.0	11.71	16.1	1.50	0.61
1934	† 64380	40.5	15.4	11.48	16.2	1.96	0.50
1935	† 65600	45.5	15.1	11.7	16.8	1.84	0.79
1936	† 66820	51.2	16.8	12.1	16.9	1.89	0.55
1937	† 67990	45.6	15.4	12.1	16.9	1.63	0.39
1938	† 68860	50.0	14.9	11.49	16.9	1.77	0.46
1939	† 69890	40.2	14.6	11.41	22.9	1.73	0.51
1940	† 72820	51.8	14.0	13.1	20.1	2.02	0.51
1941	† 69960	53.5	15.0	13.5	19.0	2.0	0.51
1942	† 69940	47.0	17.6	13.5	18.7	1.8	0.56
1943	† 68200	37.0	17.0	14.1	15.8	2.1	0.44
1944	† 67810	36.9	19.9	13.06	14.8	1.97	0.54
1945	† 69880	53.6	18.1	12.9	21.1	2.23	0.43
1946	† 76330	36.1	19.6	12.26	18.41	1.52	0.59
1947	† 78720	22.2	21.2	12.4	19.2	1.96	0.46
1948	† 80480	30.17	16.4	11.12	19.1	1.69	0.41
1949	† 81130	18.85	15.69	12.38	17.1	1.96	0.29
1950	† 82140	21.93	14.98	12.64	16.89	2.17	0.32
1951	† 83000	31.57	14.87	13.53	16.84	1.83	0.19
1952	† 83270	31.39	14.18	12.54	15.04	2.26	0.28
England & Wales 1952 44,166,000		27.6	15.3	11.3	N.A.	N.A.	0.24

## COMMENTS ON VITAL STATISTICS

### Deaths

The crude death rate has fluctuated between a maximum of 20.7 per 1,000 population in 1892 and a minimum of 10.8 in 1920. In 1952 it was 12.54 per 1,000 population, but by applying the Registrar General's Comparability Factor of 0.84 it is found that the standardised death rate for Poole is 10.53. (The Comparability Factor for each district is worked out by the Registrar General, the aim being to even out differences in the age and sex distribution of the population of the various districts. The use of this factor enables us to obtain standardised death rates which are more fairly comparable and more accurate than the crude death rates.)

### Birth Rate

The birth rate in 1952 was 14.18 per 1,000 population, or only 0.18 higher than the lowest figure ever recorded in Poole, of 14 per 1,000 in 1940.

In 1952 the live births exceeded the number of deaths by 103.

### Infantile Mortality

The infant mortality rate in 1952 was 31.39 per 1,000 live births. This compares with the rate of 27.6 for England and Wales.



## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES

#### Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories, under the direction of Dr. G. J. G. King, was located at the Municipal Buildings, Poole, until September, 1951, when it was transferred to Boscombe. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1952, a total of 3,906 specimens from Poole were examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

The bacteriologist and the medical officer of health, who is a consultant physician in infectious diseases, work together as an epidemiological team in the investigation of outbreaks of infectious disease in the area.

#### Ambulance Services

On the 5th July, 1948, the ambulance services of the Borough were transferred under section 27 of the National Health Service Act to the Local Health Authority—Dorset County Council. No radical change in the operation of the service was made. The Poole Section of the Ambulance Service is located at Burlea Towers, 55 Parkstone Road, Poole (Telephone Poole 294), and a day and night service is maintained. The staff, consisting of one supervisor, one deputy supervisor and eleven driver-attendants, are all experienced drivers and qualified in first-aid. Four first line ambulances, two second line ambulances and two Utilicon sitting ambulances were in operation at the end of the year. In the Appendix is given a summary of the calls, cases and mileage from the 1st January to the 31st December, 1952.

#### Home Nursing

The home nursing services in the Borough were taken over (on the 5th July, 1948) by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council in maintaining a Home Nursing Service. The Poole District Nursing Association ceased to exist as a separate entity, and the staff were merged with the Dorset County Nursing Association. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (Telephone Parkstone 1948).

The following districts of Poole are covered by the Home Nursing Service:

Old Town, Hamworthy, Longfleet, Oakdale, Broadstone, Upper Parkstone, Central Parkstone, Lilliput, Sandbanks, Branksome and Canford Cliffs.

A total of 42,841 visits was paid during 1952, and the number of individual cases attended was 1,819.

## Clinics and Treatment Centres in 1952

### (a) School Clinics

67 Market Street, Old Town	Monday and Thursday, 9 a.m.
The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 9 a.m.
Hamworthy School, Blandford Road	Tuesdays, and Fridays 9-10 during school sessions
Henry Harbin School	2nd and 4th Thursdays 11 during school sessions.
Broadstone Women's Institute	1st, 3rd and 5th Thursdays 9-10 during school sessions.
Kemp Welch School	Wednesday 9-10 during school sessions.
Herbert Carter School	Tuesday and Fridays, 10.45 a.m.

### (b) Ante-Natal and Post-Natal Clinics

67 Market Street, Old Town	3rd Monday, 2 p.m.	} By Appointment
The Clinic, Shillito Road, Parkstone	1st Friday, 10.0 a.m.	

### (c) Contraception Clinic

Burlea Towers, Parkstone Road,	Mondays, 10 a.m. By appointment.
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### (d) Infant Welfare Centres

The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 2 p.m.
*67 Market Street, Old Town	Wednesday, 10.30 a.m.
*Church Hall, Creekmoor	2nd Tuesday (monthly) 2 p.m.
*Methodist Church Hall, Wallisdown	2nd and 4th Thursdays (monthly), 2 p.m.
*Methodist Schoolroom, Broadstone	2nd and 4th Thursday (monthly) 2 p.m.
*Newtown Conservative Hall, Ringwood Road	1st and 3rd Thursdays (monthly), 2 p.m.
*Village Hall, Canford Cliffs	4th Tuesday (monthly) 2 p.m.
*St. George's Hall, Oakdale	1st and 3rd Tuesdays (monthly) 2 p.m.
*Hamworthy School	2nd and 4th Wednesdays (monthly) 2 p.m.
*Longfleet Congregational Church Hall	1st and 3rd Wednesdays (monthly) 2 p.m.
*Church of Good Shepherd, Rossmore	Thursday, 10.30 a.m.
*St. John Ambulance Brigade Headquarters, 4 St. Peter's Road, Parkstone.	1st and 3rd Thursdays (monthly) 10.30 a.m.



- (e) **Diphtheria Immunisation**  
 The Clinic, Shillito Road,  
 Parkstone  
 2nd and 4th Wednesdays (monthly)  
 2 p.m.  
*and at the Child Welfare Centres marked \* above*
- (f) **Orthopaedic Clinic**  
 67 Market Street, Old Town  
 Four sessions Weekly—Physical  
 Medicine.  
 Surgeon's Clinic Monthly.
- (g) **Ophthalmic Clinic**  
 Torvaine, St. Peter's Road,  
 Parkstone  
 Three sessions weekly
- (h) **Orthoptic Clinic**  
 Torvaine, St. Peter's Road,  
 Parkstone  
 Six sessions Weekly
- (i) **Speech Therapy Clinic**  
 Torvaine, St. Peter's Road,  
 Parkstone  
 Herbert Carter School,  
 Blandford Road, Hamworthy  
 Henry Harbin School,  
 Wimborne Road, Poole  
 One session Weekly.  
 One session Weekly.  
 One session Weekly.
- (j) **Child Guidance Clinic**  
 Poole Clinic, 67 Market Street  
 Two sessions Weekly.
- (k) **Asthma Clinic**  
 Branksome Clinic,  
 Shillito Road, Parkstone  
 One session Weekly.

## Hospitals

<b>Poole General Hospital,</b> Longfleet Road,	Medical, surgical and children's beds ... ..	152
	Maternity beds ... ..	21
<b>Alderney Infectious Diseases Hospital,</b> Ringwood Road	Infectious disease beds ...	80
<b>St. Mary's Hospital,</b> St. Mary's Road	Medical beds ... ..	105
<b>Parkstone Sanatorium,</b> Castle Hill	Tuberculosis beds (female patients) ... ..	31

## MATERNITY AND CHILD WELFARE SERVICES

### Organisation

These services were transferred to the Dorset County Council, the Local Health Authority, on the 5th July, 1948, the Medical Officer of Health remaining in administrative charge as Poole Area Medical Officer. He is assisted by his Deputy and an Assistant County Medical Officer. The Nursing Services are under the general supervision of the County Nursing Superintendent, assisted by the Superintendent Health Visitor, Poole.

### **Ante-natal Clinics**

During 1952, Ante-natal Clinics were held weekly at both Old Town and Branksome Clinics for the benefit of expectant mothers under the care of domiciliary midwives.

### **Post-natal Clinics**

During 1952, Post-natal Clinics were held fortnightly at both Old Town and Branksome Clinics.

### **Maternal Mortality**

There were no maternal deaths in the Borough during 1952.

### **Infantile Mortality**

There were 1,147 live births in the Borough in 1951 and 36 deaths of infants under a year, giving an infantile mortality rate of 31.39. The rate for the country as a whole was 27.6.

### **Hospital Accommodation for Maternity Cases**

Poole General Hospital has 21 maternity beds, a number far below that required for the population served in Poole and East Dorset. Cases in which, for social reasons, confinement cannot take place at home are referred to the Bed Service Bureau of the Hospital Management Committee for allocation of maternity beds. Cases in which there are medical reasons for a hospital confinement are referred to the General Hospital.

### **Diphtheria Immunization**

An effort is made to ensure that all children are immunized against diphtheria before reaching the age of one year. The Local Health Authority is responsible for this service and details of the number of children immunized during the year are given in the Appendix.

### **Domestic Help**

A Home Help Service was begun in Poole in 1945. This service became the responsibility of the Dorset County Council on the 5th July, 1948.

### **Day Nurseries**

During the war there were three Day Nurseries in Poole. Since the 1st April, 1946, there has been only one Day Nursery in the Borough providing accommodation for 50 children between the ages of 2 and 5. Admission is limited as far as practicable to the children of widowed, single, separated or divorced women, who must work to support their children. This service has been the responsibility of the Local Health Authority, Dorset County Council, since the 5th July, 1948.

### **National Society for the Prevention of Cruelty to Children**

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents.

The Report of the Inspector on the cases dealt with by the N.S.P.C.C. during 1952 is as follows:

Cases: Neglect	...	...	81
Ill-treatment	...	...	10
Advice sought	...	...	19
			<hr/>
Total	...		110
			<hr/>

The number of children concerned in these cases was 270, and 565 visits of supervision were made. There were two prosecutions for neglect.

### **Nursing Homes**

In 1927 the supervision of Nursing Homes was delegated by the Dorset County Council to the Poole Council. In 1949 this delegation was cancelled and the Dorset County Council resumed its duties in respect of Nursing Homes.



**SECTION C**

**SANITARY CIRCUMSTANCES OF THE AREA**

**WATER SUPPLY**

There are four systems of water supply in the Borough:

Poole Waterworks Undertaking.—This serves over 90 per cent. of the population.

Bournemouth and District Water Company.—This serves the parts of the Borough adjoining Bournemouth and Wimborne and supplies between 7,000 and 8,000 people.

The Canford School Supply.—This private system supplies about 600 people in Canford Magna.

Private Supplies.—Spring or well supplies in the outlying rural areas of the Borough.

Some notes on these four systems are given below:

**(a) Public Water Supplies**

**Poole Waterworks Undertaking**

The Annual Report for 1949 contained some notes on the history of the Poole Water Undertaking by the Waterworks Engineer and Manager, Mr. Richard S. Rendle, M.Inst.C.E., A.M.I.Mech.E.

The main water supply for the district is provided by the Poole Corporation Waterworks. The supply is obtained from a well 170 feet deep in the Upper Chalk at Corfe Mullen, near Poole. The water is hard, but is softened by a modern "cold lime" process, then rapid filtered and finally chloraminated to give residuals of chlorine throughout the area of supply. Apart from a short spell in the summer, the quantity of water during the year was sufficient for all purposes and the water supplied maintained a high and consistent standard of purity.

During the year 161 samples of the treated water were taken from consumers' taps by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and on all occasions the water was reported as "Class I". (Ministry of Health Report No. 71 (1939) Classification). 132 samples taken by the Waterworks' Chemist during the same period were without exception within the standard of "Class I". Four complete chemical analyses made during the year by the Public Analyst were reported as satisfactory. A copy of one of these analyses is given below. Throughout the year a daily check of residual chlorine was made at all points of the area of supply, and in the control of the treatment plant samples were taken by the Waterworks Department every 6 hours.

During 1952, 54 bacteriological examinations of the raw water were made in the Waterworks Laboratory — of these:

9	samples	were	within	Class I
8	„	„	„	Class II
19	„	„	„	Class III
10	„	„	„	Class IV

B.Coli. Type I, was demonstrated in 8 of the above samples. The maximum number of coliform bacteria was in the neighbourhood of 30 per 100 ml., and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbosolvent action.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. 5,100 yards of main were laid during the year and the amount of water supplied was 932 million gallons.

#### Certificate of Analysis

of a sample of water from the Poole Corporation Waterworks supply on the 19th December, 1952.

I hereby certify that I have examined the above mentioned sample with the following results:

##### *Chemical Analysis (results expressed in parts per million)*

Ammonia, free	...	...	...	...	...	...	0.072
„ albuminoid	...	...	...	...	...	...	0.088
Nitrites	...	...	...	...	...	...	absent
Nitrates	...	...	...	...	...	...	3.70
Oxygen absorbed in 15 mins. at 80° F.	...	...	...	...	...	...	0.109
„ „ „ 4 hrs. „ „	...	...	...	...	...	...	0.203
Chlorine	...	...	...	...	...	...	26.5
Chlorine as Sodium Chloride	...	...	...	...	...	...	43.67
Hardness, temporary	...	...	...	...	...	...	120.0
„ permanent	...	...	...	...	...	...	25.0
„ total	...	...	...	...	...	...	145.0
Total solids	...	...	...	...	...	...	244.0
pH value	...	...	...	...	...	...	7.4
Metals	...	...	...	Iron, Zinc, Copper and Lead	absent		
Free chlorine	...	...	...	...	...	...	none
Colour	...	...	...	...	...	...	colourless and clear
Odour	...	...	...	...	...	...	none

##### *Bacteriological Examination:*

Coliform Organisms grown at 37° C. in 48 hrs. per 100 c.c.	None
Total Organisms grown on Agar Agar at 37° in 48 hrs.	... 4 per ml.

##### *Remarks:*

The above analysis indicates that this water is satisfactory both chemically and bacteriologically and in my opinion it is eminently suitable for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,

Public Analyst.

**Bournemouth and District Water Company**

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth and District Water Company. In 1952, 30 samples of this supply were taken by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Bournemouth and all found to be of the standard of Class I.

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below:

**Certificate of Analysis**

of a sample of water received on the 17th December, 1952, from Bournemouth & District Water Company.

**Chemical Results in Parts per Million**

Appearance — Clear and Bright.							
Colour	...	...	...	3	Turbidity	...	Nil
pH	...	...	...	7.9	Odour	...	Nil
Electric Conductivity	...	...	...	410	Free Carbon Dioxide	...	3
Chlorine present as Chloride	...	...	...	17	Alkalinity as Calcium Car-		
Hardness: Total	...	...	...	215	bonate	...	180
Carbonate	...	...	...	180	Total Solids	...	275
Non-Carbonate	...	...	...	35			
Nitrate Nitrogen	...	...	...	2.4	Nitrite Nitrogen	...	approx. 0.01
Ammoniacal Nitrogen	...	...	...	0.040	Oxygen absorbed	...	0.50
Albuminoid Nitrogen	...	...	...	0.033	Residual Chlorine	...	0.07
Metals	...	...	...	Absent			

**Bacteriological Results**

Number of Colonies developing on Agar	1 day at 37°C.		2 days at 37°C.	3 days at 20°C.
	4 per ml. Present in		8 per ml. Absent from	0 per ml. Probable Number
Presumptive Coli-				
aerogenes Reaction	...	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	...	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction	...	— ml.	100 ml.	

This sample is clear and bright in appearance, on the alkaline side of neutrality and free from iron and other metals. The water is hard in character but not unduly so and it contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour, of very satisfactory organic quality and of a high standard of bacterial purity.

These results are consistent with a pure and wholesome water suitable for drinking and domestic purposes.

(Signed) GORDON MILES.

30th December, 1952.



### **(b) Private Water Supplies**

In the Northern area of the Borough a population of about 600 in Canford Magna is supplied with water from a private supply belonging to Canford School. The supply is taken from a steel-lined artesian borehole in the underlying chalk at Canford and the water is hard. Automatic chlorination is carried out before distribution.

During the year 22 samples of treated water were taken for bacteriological examination. One sample was reported as Class III (3 Coli: non-faecal type) due to breakdown in chlorination. The remaining 21 samples were all Class I.

22 samples of the raw water were obtained during the year. Of these 9 were reported as Class I, 7 as Class III and 6 as Class IV. Faecal coli were absent in all samples.

In the rural part of the Canford area, outside the area of the piped supplies, there are 13 houses on small private supplies, i.e. springs and wells. This is a reduction of one on the number in 1951. During the year 39 samples were taken from these supplies. Of these, 19 were Class I (highly satisfactory), 2 were Class II (satisfactory), 5 were Class III (suspicious), and 13 were Class IV (unsatisfactory). Three of the Class III and 9 of the Class IV samples were obtained from two shallow wells situated in isolated areas where alternative supplies are not available.

## **DRAINAGE AND SEWERAGE**

There are four main sewerage systems in the Borough. The principal system drains Poole, Longfleet, Parkstone and Sandbanks and discharges into the sea at Shore Road. Another major system drains Newtown, Rossmore, Wallisdown, Branksome and Canford Cliffs and discharges into the sea at Branksome Chine. At Sandbanks the outfall is 1,800 feet from the shore and at Branksome Chine 1,050 feet. At both outfalls discharge is by pumping at all tides, the sewage being treated by disintegration and chlorination carried out in the pumps on the shore end of the outfall sewers.

Two smaller areas, Broadstone and Hamworthy, are drained separately. Broadstone is drained to fairly modern sewage disposal works at Creekmoor from which the filtered effluent is discharged into Holes Bay near Fleets Bridge. Hamworthy is drained to a smaller and older disposal plant on the southern shore of Holes Bay and the filtered effluent discharged into Holes Bay.

Sewerage in the Borough is on the "separate" system, separate sewers being provided for soil and road surface water drainage. Roof and surface water drainage from individual premises is chiefly disposed of in soakaways.



The greater part of the Canford area and the western end of Hamworthy, approximately 7,000 acres in extent and mostly semi-rural in character, are unsewered and in these areas drainage is mainly by cesspools, septic tanks or small disposal plants.

Except for the sewerage of the Council's new housing estates no major works of sewerage were carried out in 1952. The position regarding the schemes to deal with the major unsewered areas of the Borough is as follows :

### **Hamworthy**

The scheme for the construction of new disposal works at Hamworthy has been deposited with the Ministry of Housing and Local Government. Until this has been approved and the works constructed the sewerage of the western end of Hamworthy cannot be carried out. Drainage conditions in this area constitute a serious nuisance. Most of the houses are provided with inadequate or defective cesspools and about one third have pail closets with or without elementary sullage water drainage systems.

### **Waterloo**

The scheme for the reconstruction of the Broadstone sewage disposal works has been approved in principle by the Ministry of Housing and Local Government and the detailed design of the works is now being prepared. A small number of existing houses on the fringe of the Council's new housing estate at Waterloo will be connected to the sewers being laid for the estate, but so far no scheme has been prepared for the sewerage of the major portion of Waterloo, where existing drainage conditions are somewhat similar to those at the western end of Hamworthy.

### **Merley, Canford Magna and Bearwood**

Outline schemes have been prepared for the sewerage of these areas, but until the alternative sites have been approved for the disposal works for the Wimborne Urban District Council and the Wimborne and Cranborne Rural District Council sewerage schemes no further progress can be made with the sewerage of the areas on the Poole side of the River Stour. The existing cesspool drainage systems in these three areas are a chronic nuisance, but at Bearwood a serious potential danger to public health exists. Most of the houses are drained to septic tanks and soakaway cesspools systems, constructed before the area was taken over by the Borough of Poole, and sited in such close proximity to streams and watercourses that pollution of these is almost inevitable.

The risks attendant upon the lack of sewerage in these rapidly growing areas of housing development in the semi-rural districts of the Borough have been stressed in every Annual Report of the

Medical Officers of Health of the Borough since 1933, but the risks still remain and the sewerage of these areas appears to be as far from realisation now as it was twenty years ago.

The joint scheme for the interception and treatment of sewage being discharged into Poole Bay from the three Boroughs has been deferred indefinitely but the Council are investigating the practicability of an independent scheme for the diversion of sewage from the Borough away from the bay for treatment elsewhere.

### CLOSET ACCOMMODATION

There are 659 cesspools and 244 pail-closets in the Borough, distributed as follows:

					<i>Cesspools</i>	<i>Pail Closets</i>
Canford (development areas)	...	...	...	...	317	47
Canford (isolated houses)	...	...	...	...	103	44
Broadstone	...	...	...	...	14	2
Waterloo	...	...	...	...	86	19
Creekmoor	...	...	...	...	15	28
Hamworthy	...	...	...	...	109	66
Parkstone, etc.	...	...	...	...	15	38
					<hr/> 659 <hr/>	<hr/> 244 <hr/>

During 1952, 17 cesspool drainage systems were connected to the sewer. 14 new cesspools were constructed. 4 pail closets were abolished.

The Council provides a full cesspool-emptying service for the unsewered areas of the Borough. Most of the pail closets are also emptied by the Council, but at a number of isolated houses in the semi-rural areas the closets have to be emptied by the occupier and the contents buried in the gardens. This practice must be condemned as likely to aid the spread of infectious disease and parasitic infestations.

Cesspools and pail closets are not only a primitive method of sanitation for a progressive urban area, they are an expensive anachronism which may at any time become a menace to public health.



## PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Roads & Engineering Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1953.

House Refuse Collection and Disposal (combined)		
Net cost ... ..	£51,471	
Net cost per ton collected ... ..	£2 16s. 9d.	
Net cost per 1,000 of population ... ..	£620 8s. 11d.	
Net cost per 1,000 premises ... ..	£1,962 8s. 7d.	
Cwts collected per 1,000 population per day	11.98 cwts	
Tonnage of refuse collected for year ... ..	18,120 tons	
Street Cleaning and Gulley Cleaning		
Total mileage of roads cleaned ... ..	136.2 miles	
Net cost per mile ... ..	£91 8s. 10d.	
Net cost per 1,000 population ... ..	£241 2s. 5d.	
Net cost per 1,000 gullies cleansed ... ..	£101 1s. 0d.	
Net cost per 1,000 population ... ..	£26 4s. 7d.	

## RIVERS AND STREAMS

The Canford area contains a number of watercourses and streams which flow through unsewered development areas and then through dairy farm areas to the River Stour.

The River Stour forms the northern boundary of this area. The river is known to be subject to pollution, but there is no known source of pollution on the Poole side of the river. The only sewage disposal works within the Borough boundary in this area is at Canford School. After full biological treatment the final filtrate from this plant is chlorinated before discharge into a stream which discharges into the River Stour at Knighton, about one mile distant. This effluent and stream is sampled regularly for residual chlorine and bacteriological examinations and the results are uniformly highly satisfactory.

In this area there are over 300 cesspools or septic tank drainage systems, many of which are situated in very close proximity to water courses and streams. Since the area was taken over in 1933 all known sources of direct pollution of streams have been cut out, but many of the cesspools and septic tanks are situated so close to water-courses that indirect pollution through soakage and sub-soil percolation is almost inevitable and direct pollution from overflowing cesspools may occur at any time. This ever-present risk of pollution of streams in this area forms a source of potential danger which will not be removed until the area is sewered.

Very careful attention is now paid to the disposal of sewage from new buildings in this area. New septic tank systems are not permitted. Sewage disposal plants are only approved where the area, level and nature of the site are suitable, the filters fitted with automatic distributors and the filtrate disposed of by sub-irrigation. Filtered effluents are permitted to discharge direct to streams and ditches only where the effluent is effectively sterilised by automatic chlorination. Where these conditions cannot be fulfilled watertight cesspools of adequate capacity (not less than 2,000 gallons) are required.

76 samples of river, stream and lake waters were taken during the year for bacteriological examination for evidence of pollution.

### **SANITARY INSPECTION OF THE AREA**

The Sanitary Inspectorate of the Borough consists of one Chief Inspector, five District Inspectors and one Meat Inspector. The Meat Inspector is engaged wholly on meat inspection duties at the Ministry of Food Slaughterhouse. The District Inspectors carry out all the normal duties of Sanitary Inspectors and in addition the duties of Food Inspectors, Food and Drugs Sampling Officers and Diseases of Animals Inspectors for the Borough. The Chief Sanitary Inspector and one district inspector have also duties as Port Sanitary Inspector and Deputy Port Sanitary Inspector respectively.

To carry out effectively the normal sanitary inspection of an area, a minimum of one sanitary inspector per 10,000 population was recommended by the Local Government Board in 1910. Since then the duties have increased considerably and are likely to increase still further in the very near future as the result of new legislation. The population of the Borough is 85,000 and the maximum number of inspectors available for normal district duties is five, i.e. one inspector per 17,000 population. This number is very inadequate having regard to the duties to be carried out and the sanitary circumstances of the Borough. The staff of inspectors is barely sufficient for dealing with complaints and the more pressing of the day-to-day sanitary work, and leaves no margin for the regular routine work necessary for steady and progressive improvement in the sanitary circumstances of the Borough. If this improvement is to be obtained an increase in the number of inspectors is essential.

The total number of visits and inspections made by the sanitary inspectors during the year was 15,989.

823 complaints were received and investigated.

A summary of the work of the sanitary inspectors during the year is given in the following Tabular Statement:





**Work done****Housing:**

No. of houses inspected for housing defects ... ..	405
No. of houses recorded under Housing Regulations ...	15
No. of houses requiring repair ... ..	394
No. of houses repaired without formal action ... ..	217

**Drainage:**

Choked drains cleared ... ..	144
Drains altered, repaired or reconstructed ... ..	168
Drains tested ... ..	428
Certificate tests carried out ... ..	29
Cesspools repaired or reconstructed ... ..	5
Cesspool drainage connected to sewer ... ..	17

**Disinfections, etc., carried out:**

Infectious diseases ... ..	318
Verminous premises ... ..	45
Insect pests, etc. ... ..	70

**General:**

Refuse—dust bins replaced or provided ... ..	1
Food premises—number where defects remedied ...	148
Other premises—number where defects remedied ...	127
Complaints investigated ... ..	823

**Notices**

No. of Informal Notices served ... ..	824
No. of Informal Notices complied with ... ..	585
No. of Statutory Notices served ... ..	40
No. of Statutory Notices complied with ... ..	52

**SHOPS AND OFFICES**

Owing to shortage of staff it has still not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of all shops (other than food shops), but some 200 premises were inspected, and in addition where complaints have been received, or conditions requiring improvement have been met, they have been dealt with.

59 visits were paid to offices and in 21 instances action was taken in regard to the absence, insufficiency or defective condition of sanitary conveniences.

**CAMPING SITES**

There are no licensed camping sites in the Borough and the only authorised sites in use during the year were the temporary camps of recognised youth organisations. Generally speaking, these presented no difficulties. One religious organisation has been given



temporary Town Planning Consent for the use of a site for a tented camp for a maximum period of 42 days and a maximum number of 150 persons. The camp is under strict control and no trouble has been experienced.

During the last two or three years the Council have had under consideration the development of land as sites for holiday camps and have decided, as a matter of policy, to permit such development only where the Council own the land and lease it for development by private persons on approved lines. By this policy the Council hope to retain effective control of the camps and restrict their use to bona-fide holiday caravanners and prevent nuisance or deterioration of the amenities of the district.

Having regard to the present difficult housing position and the number of applications received for permission to use caravans as temporary housing accommodation the Council decided as a matter of general policy to issue licences for the use of caravans as temporary accommodation in the case of persons genuinely in need of housing accommodation who are owners of building plots and prepared to build as soon as a licence is received and who undertake to comply with the Standard Sanitary Conditions prescribed by the Council. This policy meets the need of the genuine temporary caravan dweller without weakening the Council's control over caravan dwellings generally. 4 licences have been issued under this arrangement and 2 of these were still in operation at the end of the year. Licences for 2 other caravans were issued during the year so that the total number of licences in operation in the Borough is 4.

It was again necessary, in a number of instances, to take action under section 269 of the Public Health Act, 1936, to prevent the use of unsuitable sites and premises for temporary housing accommodation.

## **SMOKE ABATEMENT**

The following quotation from the *Daily Express* of the 18th February, 1953 may serve to bring home to us the importance of the prevention of atmospheric pollution as a public health measure.

### **"Disaster came in the Dark**

In this time of disaster there has been one disaster greater than all the others put together. One shocking frightening story whose most shocking, frightening aspect is that its full implications have not yet been grasped by the British people.

It is not the story of Lynmouth. Nor even that of the east coast floods.

It is the story of the death that came in darkness to 3,000 innocent, unsuspecting people. The 3,000 people who were murdered by the fog that for three days enveloped London.

### **A City of Depth**

Cast your mind back to the horror of that three-day blackout.

The death roll of 3,000—great as it is—represents only the number of people who died as the direct result of fog poisoning. The number of indirect casualties was many times more.

In that one fog-week ten times as many Londoners died of bronchitis as the week before. Seven times as many from influenza. Five times as many from pneumonia.

There was also a startling increase in deaths from heart failure and general collapse.

#### **Cholera was kinder**

The hospitals were swamped with patients. The mortuaries were so full that undertakers could not cope with the waiting-lists. The crematoriums were over-booked.

Even cholera, arch-killer of mankind, was more merciful, when it last came to London in 1866 than was the poisoned fog of 1952.

What is the point in retelling this story of horror? There is this point.

#### **Man-made Murder**

What happened in these three days in December 1952, can go on happening again and again and again.

Yet it need not. There are lives that can be saved next year, and the year after, if action is taken now.

For the London fog was not as the East Coast floods were, a visitation of nature. The fog that murdered, and will go on murdering, was the work of man.

At the height of the fog there was nearly nine times more smoke than normal hanging in the London air, and about eight times as much sulphur fumes.

These fatal ingredients were not put there by nature, but by man.

#### **Lethargy rules**

Now the question must be asked: What is man doing to protect himself against the poison he himself creates?

Are the people of London and the other cities of Britain to sit back and wait to be suffocated again? It seems as if indeed they must.

True, the matter has been discussed in Parliament. True, the menace of smoke and sulphur fumes has been measured and assessed.

True, the Smoke Abatement Society is doing its best to stir up official action.

But how much sign is there of that action being taken? There is no sign at all. There has not even been a committee of inquiry established.

#### **Beat the Fog**

It is more than shameful that this is so. It is intolerable.

The defences of the east coast are being strengthened against the danger of further floods. Let defences be erected in Britain against the certainty of further fogs.

It must not be said that the British people, the greatest of all the world in inventive genius, are unable to control the poison of fog which they themselves create."

As yet the atmosphere in the vicinity of Poole has not become vitiated to the same extent as in London or some of our larger industrial centres. It is essential that every effort should be made to keep it as clean and wholesome as possible lest the onward march of industrial progress bring with it a factor which has done more than any other to despoil what were at one time amongst the most beautiful areas in our country.

The new electricity power station on the shores of Holes Bay, Hamworthy, is now complete, and during 1952 it came into full operation. The plant has a capacity of 200,000 kilowatts and the coal consumption of the eight pulverised fuel boiler units is 350,000 to 400,000 tons of coal per year.



In view of the development of the power station it was decided in 1949 that information should be obtained of the state of atmospheric pollution in the Borough before the new station came into operation and of the conditions afterwards. After consultation with the Director of Observations at the Fuel Research Station, Greenwich, it was decided to carry out the recordings at four stations, each equipped with a deposit gauge and one lead-peroxide instrument. The recordings were started on the 1st February, 1950, and are still continuing. The stations are maintained by the Sanitary Inspectors but all measurements and analyses of deposits are carried out by the Public Analyst, Mr. A. S. Carlos, B.Sc., F.R.I.C.

A summary of the results of the records for 1952 has been provided by the Public Analyst and this is given in the table below. In his report Mr. Carlos states :

“The investigation is divided into two parts :

- (a) The estimation of solid matter deposited. This is divided into soluble solids and insoluble solids, composed mainly of soot and grit and ash.
- (b) Sulphur Trioxide contained in the atmosphere, which with moisture is converted into sulphuric acid, and is one of the main factors in corrosion.

As the estimation under (a) depends largely on the material washed from the atmosphere by rain, the rainfall for each month is given in tables.”

## Atmospheric Pollution Recordings for 1952

Table I — Total rainfall measured in inches

	<i>Old Council Offices</i>	<i>Central Fire Station</i>	<i>Municipal Buildings</i>	<i>Poole Cemetery</i>
1950	35.14	30.08	34.48	33.20
1951	42.84	35.58	42.54	39.65
1952	29.78	26.96	29.70	27.72

Table II — Deposited Matter

*Total deposited matter in tons per square mile*

	<i>Station I Old Council Offices</i>			<i>Station II Central Fire Station</i>		
	1950	1951	1952	1950	1951	1952
Soot ...	33.43	41.64	36.13	26.55	38.42	24.51
Ash & Grit	48.14	93.07	79.82	39.42	71.99	70.46
Soluble Solids	105.59	185.88	113.05	85.61	155.23	107.51
<i>Total</i>	187.16	320.59	229.00	151.58	265.64	202.48

	Station III Municipal Buildings			Station IV Poole Cemetery		
	1950	1951	1952	1950	1951	1952
Soot ...	29.05	38.02	31.11	13.62	16.75	17.74
Ash & Grit	31.75	79.90	65.95	17.90	30.76	34.02
Soluble Solids	87.34	107.95	100.14	62.27	117.39	82.86
Total	148.14	288.87	197.20	93.79	164.90	134.62

Note.—In the above Tables, the figures for 1950 are for eleven months only.

Table III — Sulphur Gases  
Daily average in mgs, SO<sub>3</sub> per 100 sq. cms.

Station 1 Old Council Offices			Station 2 Central Fire Station		
1950	1951	1952	1950	1951	1952
0.86	0.99	0.88	0.88	1.07	0.88

  

Station 3 Municipal Buildings			Station 4 Poole Cemetery		
1950	1951	1952	1950	1951	1952
0.83	0.89	0.79	0.66	0.78	0.58

Table VI — Monthly Recordings

1952		Inches Rain- fall	Deposit in tons per sq. mile				SO <sub>3</sub> m.g.s. per day per 100 sq. cms.
			Soot	Ash	Soluble Matter	Total	
Station No. 1 — Old Council Offices, Market Street.							
January	...	2.13	1.64	9.21	12.63	23.48	1.01
February	...	0.63	2.68	3.79	5.04	11.51	1.24
March	...	2.40	5.96	4.49	9.55	20.00	1.22
April	...	1.62	1.91	8.38	6.02	16.31	0.93
May	...	1.86	3.84	6.25	5.29	15.38	0.68
June	...	1.10	2.96	6.20	5.97	15.13	0.33
July	...	0.83	3.10	8.37	4.77	16.24	0.59
August	...	2.56	2.93	5.45	7.04	15.42	0.83
September	...	4.06	2.43	6.73	9.11	18.27	0.48
October	...	4.89	3.17	6.44	21.97	31.58	0.95
November	...	3.90	2.81	5.17	16.70	24.68	1.16
December	...	2.81	2.70	9.34	8.96	21.00	1.21
Total	...	28.79	36.13	79.82	113.05	229.00	0.88 Daily Average

1952		Inches Rain- fall	Deposit in tons per sq. mile				SO/3 m.g.s. per day per 100 sq. cms.	
			Soot	Ash	Soluble Matter	Total		
Station No. 2 — Central Fire Station								
January	...	...	1.69	0.99	4.96	8.95	14.90	1.06
February	...	...	0.59	1.21	1.78	3.05	6.04	1.09
March	...	...	1.93	2.12	5.09	8.53	15.74	1.22
April	...	...	1.02	1.42	6.24	4.81	12.47	0.84
May	...	...	1.85	2.50	4.07	5.50	12.07	0.47
June	...	...	0.91	3.05	7.14	4.70	14.89	0.61
July	...	...	0.71	3.18	9.33	4.72	17.23	0.75
August	...	...	2.68	2.61	8.66	7.65	18.92	0.38
September	...	...	3.80	1.73	4.46	9.76	15.95	0.45
October	...	...	5.28	1.27	6.15	21.66	29.08	1.30
November	...	...	3.66	2.10	5.28	21.20	28.58	1.14
December	...	...	2.84	2.33	7.30	6.98	16.61	1.21
Total		...	26.96	24.51	70.46	107.51	202.48	0.88
								Daily Average

**Station No. 3 — Municipal Buildings**

January ...	...	1.97	1.67	8.02	11.03	20.72	0.84
February ...	...	0.95	2.29	4.23	3.08	9.60	0.99
March ...	...	2.48	3.86	6.60	10.11	20.57	1.27
April ...	...	1.61	3.09	5.74	7.02	15.85	0.82
May ...	...	2.03	2.76	2.62	5.24	10.62	0.44
June ...	...	1.14	2.55	4.12	4.42	11.09	0.50
July ...	...	0.79	3.47	5.78	4.49	13.74	0.67
August ...	...	3.23	2.01	4.10	3.53	9.64	0.38
September ...	...	4.37	2.45	4.50	10.55	17.50	0.51
October ...	...	4.37	1.66	5.14	14.43	21.23	1.04
November ...	...	4.18	2.13	4.00	17.05	23.18	0.80
December ...	...	2.58	3.17	11.10	9.19	23.46	1.23
<i>Total</i> ...	...	29.70	31.11	65.95	100.14	197.20	0.79 Daily Average

**Station No. 4 — Poole Cemetery**

January ...	...	1.65	1.04	1.48	10.04	12.56	0.96
February ...	...	0.63	0.92	0.84	3.13	4.89	0.28
March ...	...	2.01	2.09	2.70	6.87	11.66	0.96
April ...	...	1.38	2.20	3.03	5.35	10.58	0.64
May ...	...	1.91	2.12	2.65	3.56	8.33	0.53
June ...	...	1.18	1.66	4.04	4.01	9.71	0.05
July ...	...	0.79	2.33	5.08	3.17	10.58	0.29
August ...	...	3.47	1.75	3.80	6.31	11.86	0.33
September ...	...	4.17	1.09	2.29	8.52	11.90	0.41
October ...	...	4.11	1.18	2.13	15.09	18.40	0.72
November ...	...	3.80	0.53	2.84	12.97	16.34	0.87
December ...	...	2.62	0.83	3.14	3.84	7.81	0.90
<i>Total</i> ...	...	27.72	17.74	34.02	82.86	134.62	0.58 Daily Average



## SWIMMING BATHS AND POOLS

During the year two open-air and one covered sea water swimming baths were available to the public—one Corporation bath and two privately owned baths. All three baths are provided with continuous action filtration and chlorination plants. In the Corporation bath breakpoint chlorination is used to overcome the difficulty of maintaining an effective chlorine residual in all parts of the bath during peak periods. With this system a chlorine residual of from 1 to 2 parts per million is maintained throughout the bath.

During the season 20 routine samples of the water were taken for bacteriological examination; the results of these are given in the table below. The standard used is the Ministry of Health classification for drinking water supplies. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Sanitary Inspectors.

There are also two private (schools) baths in the Borough. Both are open-air baths and chlorination is by hand dosing. 11 samples of the water were taken for bacteriological examination.

Results of samples of water from swimming baths:

<i>Baths</i>	<i>Number of samples</i>	<i>Class I</i>	<i>Class II</i>	<i>Class III</i>	<i>Class IV</i>
Baths used by public ...	20	17	2	1	—
Private Baths ... ..	11	8	1	2	—
TOTALS ... ..	31	25	3	3	—

## SEA BATHING

The Annual Report for 1950 contains some notes and observations on the facilities for sea bathing in Poole Bay and the effect of sewage pollution on the bathing beaches. 9 outfall sewers from Poole, Bournemouth and Christchurch discharge the sewage of a population of a quarter of a million people into the Bay, untreated except for disintegration and some slight chlorination. Bacteriological examinations carried out over the whole of 1951 show that there is gross sewage pollution of the waters of Poole Bay. In contrast, the waters of Poole Harbour, particularly on its western shores, and the sea water at Shell Bay and Studland are surprisingly pure.



During 1951 the Poole Council made repeated efforts to get the neighbouring authorities and the Ministry of Health interested in the joint scheme for the diversion and treatment of the sewage of the three boroughs, but without success and the Council are now investigating the practicability of diverting the sewage of Poole away from the Bay to a site where full treatment can be carried out.

### **DISINFESTATION**

During 1952, 156 visits were made to dirty or verminous houses. 24 houses (including 8 Council houses) were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The method used was spraying with a standard proprietary insecticide of the Pyrethrum-D.D.T. type. This method has been found to be satisfactory in practice, simple in operation, free from serious smell, and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

### **COMMON LODGING HOUSES**

There are two registered Common Lodging Houses in the Borough, both situated in the Old Town, near the Quay. These can accommodate 49 men (27 and 22 respectively). They were inspected on 17 occasions during the year.

### **MOSQUITO CONTROL**

Seven species of mosquitoes have been found within the Borough boundaries and another seven in the surrounding districts. Some notes on these were given in the Annual Report for 1946.

The method of control adopted within the area of the Borough is as follows. All major potential breeding grounds are known and these are kept under observation during the period March to September. Where breeding is found to be occurring the water is sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. and the treatment repeated at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with. During 1952 38 major potential breeding areas were sprayed in April and May, 22 in June and 11 in September.

Unfortunately the most numerous breeding places for mosquitoes are the small ornamental ponds, rainwater tanks, water butts, etc.,

in private gardens. These are difficult to control owing to the lack of co-operation of occupiers and frequently their existence and condition only become known as the result of complaints of mosquitoes in the neighbourhood.,

It is difficult to estimate the extent to which the harbour back waters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

### **RODENT CONTROL**

The Prevention of Damage by Pests Act, 1949, which came into operation on the 31st March of 1950, requires occupiers of land to notify infestation of rats and mice and empowers local authorities to require the destruction of rodents on land and the rat-proofing of premises, including agricultural land and premises.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

Throughout the year the "Block Control" system was operated in conjunction with investigation of complaints, i.e. when a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block. In addition a systematic survey of premises and land in the Borough is carried on continuously and about 25 per cent of the operatives' time is devoted to this.

Treatment for rat infestations was mainly baiting, but all methods of destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

In previous years about 300 sewer manholes were regularly test-baited without any evidence of infestation. In view of these results test-baiting of sewers was not considered necessary in 1952.

Treatment for mice infestations was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.



A summary of the work done in rodent destruction in 1952 is as follows:

Type of Vermin	Council Premises	Private Premises	Business Premises	Agri-cultural Properties	Total
<b>Rats</b>					
Total No. of visits made by Staff ...	164	12503	1928	104	14699
Total No. of premises inspected:					
(a) on complaint ... ..	13	646	91	4	754
(b) on survey ... ..	37	6761	696	24	7518
Total No. of premises found infested:					
(a) on complaint ... ..	11	448	82	4	545
(b) on survey ... ..	7	271	164	9	451
No. of premises treated ... ..	18	719	246	13	996
No. of premises cleared ... ..	13	705	241	10	969
No. of premises re-treated and cleared ... ..	5	69	54	2	130
No. of pre-baits laid ... ..	414	5451	1933	372	8170
No. of poison baits laid ... ..	124	1842	802	102	2870
No. of post-baits laid ... ..	37	325	132	48	542
No. of instances where other methods used ... ..	2	6	32	—	40
Estimated No. of rats destroyed	207	3288	965	156	4616
No. of bodies of rats recovered ...	80	1275	409	69	1833
<b>Mice</b>					
No. of complaints received ...	7	83	38	—	128
No. of premises treated ... ..	7	83	38	—	128
No. of premises cleared ... ..	7	83	38	—	128

## DISEASES OF ANIMALS

There were no outbreaks of Foot and Mouth Disease in the Borough during 1952, but owing to outbreaks in adjoining areas, the Borough was subject to "Infected Area" or "Controlled Area" restrictions from the 28th March until the 17th May and again from 2nd June until 13th July. During these periods 328 movement licences were issued and some 500 licences issued by other authorities countersigned. The work involved as a result of the restrictions operating over such a long period had an appreciably adverse effect on the routine work of the Sanitary Inspectors and resulted in considerable dislocation of work at the Ministry of Food Slaughterhouse.

Five cases of Anthrax in pigs were notified during the year. Three of these were confirmed and two not confirmed.

No cases of swine fever were notified.



There are about 130 piggeries in existence in the Borough. Many of these are on a commercial scale and the number and size of these is increasing rapidly. 390 visits of inspection were made to piggeries during the year.

## **FACTORIES**

The number of factories registered is 341.

The number of inspections made during the year was 300.

Owing to the shortage of staff it has still not been possible for the Sanitary Inspectors to carry out inspections of factories on anything like a satisfactory scale. Considerable difficulty is still being experienced in obtaining plain white glazed urinal slabs and inspectors are frequently pressed to permit alternative constructions, but from the hygienic point of view there is no really satisfactory alternative and it is to be hoped that the supply of these essential fittings will soon improve.

Particulars of the inspections of factories are set out in the following table:

### **THE FACTORIES ACT, 1937**

#### **Part I of the Act**

1. **Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register	Number of :—		
		Inspections	Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities ... ..	34	7	1	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ... ..	301	291	36	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	6	2	—	—
TOTAL ... ..	341	300	37	—

\* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

## 2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.) ...	—	1	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ...	6	1	—	—	—
(b) Unsuitable or defective ...	26	9	—	—	—
(c) Not separate for sexes ...	3	2	—	—	—
Other offences against the Act (not including offences relating to out- work) ...	4	1	—	—	—
TOTAL ...	41	14	—	—	—

## OUTWORKERS

During the year lists containing the names and addresses of 55 outworkers were received from factories in the Borough. 39 were resident in the Borough, 16 were resident in other districts and their names and addresses were forwarded to the local authorities concerned. In addition 11 names and addresses of Outworkers were received from other local authorities making a total of 50 outworkers employed in the Borough, all in the clothing trade. In no instance was it found necessary to take any action with regard to unwholesome conditions.

## SECTION 47, NATIONAL ASSISTANCE ACT, 1948

This section empowers the Council, where the Medical Officer of Health certifies that removal is necessary, to take steps to secure the removal of persons in need of care and attention to suitable premises. In order to facilitate action in urgent cases the Public Health Committee has delegated its powers to the Public Health (Legal Proceedings) Sub-Committee, who have now power to authorise the appropriate action to be taken.

During the year action had to be taken in respect of six aged persons who were living alone and not receiving proper care and attention. All six persons were persuaded to enter a hospital for aged and infirm persons voluntarily.



## SECTION D

## HOUSING

## Number of Houses in occupation in the Borough

The total number of dwelling houses occupied and void was 24,887. 484 houses were still under construction on 31st December, 1952.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52
1949	5842	50	17616	95	23458	145	81130	3.46
1950	5964	61	17740	84	23704	145	82140	3.47
1951	6035	74	18159	113	24194	187	82958	3.40
1952	6099	97	18546	145	24645	242	83270	3.38

## New House Construction, 1952

1. Total number of houses completed in 1952 (This does not include 44 flat conversions completed) ... 434
2. Houses in above which form part of Municipal Schemes ... 310
3. Total number of houses under construction at 31-12-52 ... 520
4. Houses in above which form part of Municipal Scheme ... 398
5. Number of houses included in Municipal Schemes, approved, but not actually under construction at 31-12-52 ... 140

## Council Houses

The number of houses erected by the Council prior to 1945 was 995. During the eight years, 1945 to 1952 (inclusive) a further 2,336 houses (including 200 "Prefabs") were erected, making the total number of houses erected by the Council up to the end of 1952, 3,331.



## Re-housing

The number of applicants on the Council's Re-housing Register for the past three years has been as under:

at 31/12/49	...	...	3,262
at 31/12/50	...	...	3,056
at 31/12/51	...	...	2,785
at 31/12/52	...	...	2,150

The yearly numbers of new applications for housing accommodation since 1945 have been as follows:

1945	...	1,538	1949	...	947
1946	...	2,079	1950	...	932
1947	...	1,068	1951	...	892
1948	...	1,101	1952	...	901

The number of families rehoused during the past three years has been as follows:

1949	...	...	...	317
1950	...	...	...	476
1951	...	...	...	419
1952	...	...	...	367

## Existing Housing Conditions

Housing is still a formidable problem for the Local Authority but the character of the problem is changing. For the past seven years all available resources have had to be concentrated on the provision of new houses to the exclusion of all other aspects of housing, but while very substantial progress has been made in the direction of new construction the condition of existing houses has deteriorated, especially the smaller rented houses. As no housing survey work has been done since 1939, up-to-date records do not exist, but from such information as is available the state of working class houses in the older parts of the Borough can be said to be approximately as follows :

### (a) Old Town Area (1,400 houses)

Number of houses scheduled for demolition in 1938 but still occupied	...	...	...	...	...	700
Number of houses not scheduled for demolition but in need of reconditioning or repair	...	...	...	...	...	560
Number of houses let off in lodgings or tenement houses not constructed for the purpose	...	...	...	...	...	40
Number of modern houses (mainly Council houses)	...	...	...	...	...	100

**(b) Other parts of the Borough**

Outside the Old Town area there are in the older parts of Hamworthy, Longfleet, Newtown and Upper Parkstone, at least 100 unfit houses which should be scheduled for demolition within the next few years, and approximately 2,500 houses which are either sub-standard or in a state of disrepair.

The need for resuming work on slum clearance has been recognised and there is prospect of some progress in this direction in 1953, but the problem of the reconditioning of sub-standard houses and the repair of defective houses is affected by a problem which at present seems insoluble—that of the disparity between the low fixed rental of the houses and the rising costs of repairs. Until this problem has been solved there is no likelihood of any real progress in housing repair work. At present only the bare minimum of repairs are being carried out and resistance to repair notices has increased very considerably. The repair sections of the Housing Act are already almost a dead letter, and reliance has to be placed on the nuisance sections of the Public Health Acts to secure the minimum of repairs.

### Housing Inspection

#### 1. Inspection of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..		405
(b) Number of inspections made for the purpose ...		1822
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932 ... ..		17
(b) Number of inspections made for the purpose ...		36
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..		17
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..		377



2. Remedy of Defects during the year without service of formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... .. 217

3. Action under Statutory Powers during the year :—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... .. 5

(2) Number of dwelling-houses which were rendered fit after service of formal Notices:

(a) By owners ... .. 5

(b) By Local Authority in default of owners ... Nil

(b) Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 26

(2) Number of dwelling-houses in which defects were remedied after service of formal Notices:

(a) By owners ... .. 39

(b) By Local Authority in default of owners ... 2

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... .. 16

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... .. 14

(d) Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... .. Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... .. Nil



SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food Premises

The inspection and supervision of food premises form a very important part of the duties of the Sanitary Inspectors and in 1952, 4,359 visits were made to food premises in the Borough. This represents over 26 per cent of all visits made by the Sanitary Inspectors.

Contrary to general opinion local authorities' powers to deal with general food premises (other than dairies, ice-cream premises and certain food preparation premises) are very limited and are contained in Section 13 of the Food and Drugs Act, 1938. With a very few exceptions, now being dealt with, it can be said that food premises in the Borough now comply with these requirements. These, however, are regarded as minimum requirements and in many instances agreements have been reached with managements for the carrying out of improvements and alterations designed to bring premises up to higher standards of hygiene considered desirable for the type of trade carried on. Very considerable progress has been made in this direction in the past three years, as the accompanying table shows, but progress at this rate is not likely to be maintained in the future unless food legislation is brought more nearly into line with modern conceptions of the hygiene of food premises.

This is particularly so in the case of catering premises where progress is seriously hampered by the lack of any legal standard of space, construction, fittings and cleansing equipment and by the exemption of these premises from the registration requirements of Section 14 of the Food and Drugs Act, 1938. With the publication in 1951 of the Report of the Catering Trade Working Party on Hygiene in Catering Establishments the Target and Standard Codes recommended in the report were adopted by the Council as working standards for catering premises in the Borough. The Sanitary Inspectors are concentrating on persuading caterers to bring their premises up to the standards of these codes, but until the codes have the backing of legislation progress is bound to be slow and difficult.

The following tables summarise the improvements secured in food premises in the past three years.

Improvement of Food Premises	1950	1951	1952	Total
I. No. of premises dealt with:				
No reconstructed ... ..	13	10	5	28
No. where major improvements carried out ...	24	43	8	75
No. where minor improvements carried out ...	64	159	142	365
	<u>101</u>	<u>212</u>	<u>155</u>	<u>468</u>

## 2. Summary of improvement secured:

Premises cleansed or redecorated ... ..	49	59	60	168
Washing facilities provided or improved ...	44	67	36	147
Cleansing facilities provided or improved ...	23	31	21	75
Refrigerated storage provided ... ..	32	24	20	76
Other food storage accommodation provided...	13	31	25	69
Facilities for protection of food provided ...	8	91	40	139
Sanitary accommodation provided or improved	8	10	8	26
Other improvements secured ... ..	10	37	18	65
	<u>187</u>	<u>350</u>	<u>228</u>	<u>765</u>

3. No. of unsatisfactory premises voluntarily closed ...

	<u>9</u>	<u>13</u>	<u>—</u>	<u>22</u>
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## Clean Food

The Council's Clean Food Byelaws have been in operation since the 1st October, 1950. These byelaws prescribe measures for securing the observances of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food, and the sale of food in the open air.

During the two years the byelaws have been in operation the task of securing their implementation has to a great extent been achieved by a policy of continuous persuasion of traders and education of staff, and the work will be continued on these lines, for it has to be recognised that cleanly practices in the handling of food are the results of good personal standards of hygiene, and that is something which can be taught but not so easily enforced.

Concurrent with the education of food staff efforts are being made to ensure that all unwrapped cooked meats and other foods are properly protected during display and considerable improvements have already been achieved in this direction and in the provision of refrigerated food storage.

## Milk Supply

### Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:

Wholesale Distributors ... ..	1
Wholesale and Retail Distributors ... ..	3
Retail Distributors ... ..	11
Retail Distributors from outside Borough ...	6
Sellers of bottled milk only ... ..	78



## The Milk (Special Designations) Orders and Regulations

The following licences were granted:

### Pasteurised Milk

Pasteurisers' licences	...	...	...	...	5
Dealers' licences	...	...	...	...	12
Supplementary licences	...	...	...	...	6
Licences for sale of sealed bottled milk				...	78

### Tuberculin Tested Milk

Bottlers' licences	...	...	...	...	5
Supplementary licences	...	...	...	...	6
Licences for sale of sealed bottled milk				...	35

## Control of Treatment and Distribution of Milk

Since the 1st October, 1949, the Ministry of Agriculture and Fisheries has been responsible for the supervision of milk production and local authorities are now responsible only for supervision of treatment and distribution.

In the Borough, supervision of the milk supply is carried out by the inspection of premises, the checking of plant and methods and the bacteriological examination of the milk.

During 1952, 327 inspections of dairies and plant were made and 917 samples of milk and 69 sample batches of bottles were taken for bacteriological examination.

The number of pasteurised samples, i.e. 11, which failed the Phosphatase test is inflated as it includes a number of check samples taken during the investigations into the failures of two samples in the early part of 1952. The causes of failure were located and all subsequent samples were satisfactory.

The proportion of samples of raw milk (33 per cent) which failed to pass the Methylene Blue test is very high but all the samples of raw milk were taken from churns arriving at pasteurisation plants from supplies which were suspected to be of poor keeping qualities where sampling was continued until improvement was secured. The results show the need for this class of sampling and it is hoped to extend this work in 1953.



### Samples of milk taken for bacteriological examination

Grade of Milk	No. of Samples	Results of Tests			
		Phosphatase		Methylene Blue	
		Passed	Failed	Passed	Failed
Pasteurised ... ..	558	548	10	558	Nil
Tuberculin Tested Pasteurised	233	232	1	233	Nil
Raw ... ..	126	—	—	84	42
Total ... ..	917	780	11	875	42

69 sample batches of washed bottles were taken for bottle rinse counts. 62 were satisfactory (under 200 organisms per pint bottle), 4 were fairly satisfactory (200-600), and 3 were unsatisfactory (over 2,000).

### Pasteurisation

Since 1936 it has been the policy of the Council to secure the pasteurisation of all milk sold in the Borough and in 1937 the Corporation tried to obtain statutory powers for this purpose. This was refused on the grounds that the matter would be dealt with by national legislation, but the outbreak of war prevented the implementation of this promise.

With the end of the war the Public Health Department resumed the fight to secure the pasteurisation of all milk supplies in the Borough. The three largest distributors were already pasteurising all their milk and between 1947 and 1951 the five next largest dairymen were persuaded to install pasteurising plants.

There still remained the problem of the small dairymen whose businesses were too small to make the installation of separate pasteurisation plants economical. The problem was solved with the co-operation of a wholesale firm in the Borough who undertook to supply all retailers with bottled pasteurised milk. This plant is in full operation and now all milk sold in the Borough is pasteurised, including Tuberculin Tested milk. All this was achieved by co-operation between the dairymen and the Public Health Department.

By the Milk (Special Designations) (Specified Areas) Order, 1952, made by the Minister of Food under the Food and Drugs (Milk, Dairies and Artificial Cream Act, 1950,) the sale of milk other than "designated" milk was prohibited in the Borough of Poole as from the 1st November, 1952. It is to be regretted that the Order permits the sale of raw Tuberculin Tested milk but, as already mentioned, in practice all Tuberculin Tested milk sold in the Borough is pasteurised.

## Ice Cream

There are 259 premises in the Borough registered for the manufacture or sale of ice-cream. These are :

Premises registered for manufacture	...	...	5
Premises registered for retail sale	...	...	52
Premises registered for retail sale of pre-packed ice-cream only	...	...	202

Although there are 5 premises in the Borough registered for the manufacture of ice-cream only one is now in operation and practically all ice-cream sold is obtained from one or other of the large firms operating on a national or regional basis. Practically all retailers have changed over to pre-packed ice-cream and only shops or kiosks specialising in the sale of ice-cream now sell "loose" or "bulk" ice-cream.

Effective supervision of this section of the food industry is still hampered by the exclusion of cafes, restaurants, hotels, clubs and street traders from the registration provisions of Section 14 of the Food & Drugs Act, 1938.

37 samples of ice-cream were taken during the year for bacteriological examination and the results are set out in the table below. The test used is the Methylene Blue reduction test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

The percentage of unsatisfactory samples in the five previous years was : 1947, 27.5 ; 1948, 12.6 ; 1949, 4.8 ; 1950, 4.3 ; 1951, 2.2 ; thus, since 1947 there has been a remarkable reduction in the number of unsatisfactory samples and a figure below 3 per cent for all types of samples must be considered very satisfactory.

**Samples of ice cream for bacteriological examination**

Type	No. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatisfactory
From Manufacturers—Bulk Ice-cream ... ..	3	2	1	—	—	Nil
From Retailers—Bulk Ice-Cream ... ..	10	9	1	—	—	Nil
From Retailers—Pre-packed Ice-Cream ... ..	24	20	1	2	1	4.1
TOTAL ... ..	37	31	3	2	1	2.7



21 samples of ice-cream were taken for chemical analysis. Twenty of these conformed with the standard of not less than 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. milk solids other than fat prescribed by the Ministry of Food. The following table shows a comparison of the fat content of samples taken during the last three years.

The drop in the compositional quality in 1952 compared with 1950 and 1951 is due to the lower minimum standard for fat permitted by the Food Standards (Ice-Cream) Order, 1951.

**Samples of ice cream for chemical analysis**

Percentage of Fat	1949		1950	
	No. of Samples	Percentage of Total	No. of Samples	Percentage of Total
Under 5 ... ..	20	33.9	2	7.4
5 to 8 ... ..	21	35.6	7	25.9
8 to 10 ... ..	15	25.4	7	25.9
10 to 12 ... ..	2	3.4	11	40.8
12 to 14 ... ..	1	1.7	—	—
Over 14 ... ..	—	—	—	—
<i>Total</i> ... ..	59	100.0	27	100.0

Percentage of Fat	1951		1952	
	No. of Samples	Percentage of Total	No. of Samples	Percentage of Total
Under 5 ... ..	—	—	1	4.8
5 to 8 ... ..	5	13.5	9	42.9
8 to 10 ... ..	6	16.2	6	28.5
10 to 12 ... ..	19	51.4	4	19.0
12 to 14 ... ..	4	10.8	1	4.8
Over 14 ... ..	3	8.1	—	—
<i>Total</i> ... ..	37	100.0	21	100.0



## INSPECTION OF MEAT

Under the centralisation of slaughtering scheme of the Ministry of Food the slaughtering for the whole of the area between Lymington and Poole, an area with a population of about 290,000 is centralised in one slaughterhouse situated in Poole. The slaughtering facilities and hanging accommodation at this slaughterhouse are insufficient, particularly during the peak period of slaughter, and the Ministry of Food are now erecting a new factory abattoir with an average daily capacity of 110 cattle units to serve this area. The new abattoir is at Uddens, near Wimborne, and therefore outside the Borough boundaries and in the area of the Wimborne and Cranborne Rural District Council.

One Sanitary Inspector is engaged full-time on meat inspection duties at the Ministry of Food Slaughterhouse, but additional assistance is given by the District Sanitary Inspectors as and when required. During the year 790 spells of duty were carried out by the inspectors, during which every one of the 15,107 animals killed was inspected at the time of slaughter and a detailed examination of the carcase and offal made.

In 1952, 24 per cent of all cows and 15.2 per cent of all cattle slaughtered were infected with Tuberculosis in some part or organ. 6 calf carcases (0.4 per cent of total) were infected with Tuberculosis, mostly of congenital origin, and in all these instances the names and addresses of the senders were forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries for the tracing and elimination of the dams concerned.

In the Annual Report for 1949, some notes on the prevalence of *Cysticercus bovis* in cattle were given. This cystic form of the tapeworm *Taenia saginata*, was found in 72 of the cattle slaughtered in 1952 compared with 57 in 1951. 52 of these cattle came from Dorset (34 in 1951). Excluding one Irish steer in which 18 cysts were found in the head only, the maximum number of cysts found in any beast was three and in only 15 cases were more than one organ infected. All the carcases concerned were sent for freezing at 16°F for three weeks, a treatment which effectively destroys the parasites.

In addition to slaughterhouse duties, 230 visits were made to butchers' shops for the inspection of meat and premises.

**Carcases Inspected and Condemned  
during the year 1952.**

	<i>Cattle ex- cluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Totals</i>
Number killed ... ..	2389	1445	1374	4664	5235	15107
Number inspected ... ..	2389	1445	1374	4664	5235	15107
All diseases except Tuberculosis— Whole carcasses condemned ...	3	8	9	11	23	54
Carcasses of which some part or organ was condemned ...	623	559	15	1039	1175	3411
Percentage of the number inspec- ted affected with disease other than Tuberculosis ... ..	26.2	39.2	1.7	22.5	22.9	22.9
Tuberculosis only— Whole carcasses condemned ...	13	16	6	—	27	62
Carcasses of which some part or organ was condemned ...	223	331	—	—	308	862
Percentage of the number inspec- ted affected with Tuberculosis	9.9	24.0	0.4	—	6.4	6.1

**Meat Condemned.**

<i>Meat</i>	<i>Tuberculosis</i>	<i>Other Diseases</i>	<i>Total Weight</i>
Beef ... ..	22,759 lbs.	8,064 lbs.	30,823 lbs.
Veal ... ..	284 „	357 „	641 „
Mutton ... ..	—	716 „	716 „
Pork ... ..	10,309 „	5,082 „	15,391 „
Offal ... ..	23,921 „	36,766 „	60,687 „
Total ... ..	57,273 lbs.	50,985 lbs.	108,258lbs.

In addition 133lb. of imported beef, mutton and pork and 1,134lb. of corned beef, mutton and ham were condemned as unsound in food shops.

Thus, the total weight of meat and edible offal condemned in 1952 was: 48 tons, 17 cwts., 3qr., 17 lbs.



## INSPECTION OF OTHER FOODS

Arising from the inspection of food in retail shops, etc., 2 tons, 13 cwts. 1 qr. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised :

Bacon	...	...	...	...	91 lbs.
Sausages and meat products	...			...	74 lbs.
Fish	...	...	...	...	1814 lbs.
Fats (Butter, Margarine, etc.)	...			...	57 lbs.
Cheese	...	...	...	...	52 lbs.
Fruit	...	...	...	...	13 lbs.
Dried Fruit	...	...	...	...	1138 lbs.
Cake, Biscuits, etc.	...	...	...	...	415 lbs.
Flour and Cereals	...	...	...	...	433 lbs.
Jams and Preserves	...	...	...	...	151 lbs.
Confectionery	...	...	...	...	29 lbs.
Other foods	...	...	...	...	31 lbs.
Tinned Foodstuffs	...	...	...	...	1550 lbs.
Eggs	...	...	...	...	116 lbs.
					<hr/>
					5,964 lbs.
					<hr/>

The total weight of all food (including meat and edible offal) condemned in 1952 was: 51 tons, 11 cwts. and 17 lbs.

## CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD

Analyses of samples of foods and drugs taken under the Food and Drugs Act are carried out by the Public Analyst for the Borough, Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carries out any chemical examinations of food, water, etc., required by the Public Health Department.

During the year 316 samples of food were submitted by the Sanitary Inspectors to the Public Analyst for chemical examination.

All bacteriological examinations of foods required are carried out at the Public Health Laboratory, Boscombe, Bournemouth, (Director : G. J. G. King, M.B., B.Ch.). The facilities for examinations being so readily available, every use is made by the Sanitary Inspectors of these aids in their work in food inspection. Examinations carried out by the laboratory include :



Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms.

Phosphatase, Methylene Blue and biological tests of milk samples.

Churn and bottle rinses.

Microscopical examinations of specimens from slaughterhouse for identification of disease in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all, 1,530 samples and specimens of food and water were submitted during the year by the sanitary inspectors for bacteriological or microscopical examination.

## **FOOD POISONING**

Only one outbreak of food poisoning was notified to the Public Health Department in 1952. 23 persons were at risk ; 6 cases were notified and 5 more were discovered. Illness was slight and all persons affected quickly recovered. Pork sausage was suspected but this could not be confirmed. *Staphylococcus Aureus* was isolated in very small numbers in a sample of raw sausage but all specimens of faeces from patients were negative for food poisoning organisms.

## **FOOD AND DRUGS ADULTERATION**

300 samples of foods and drugs were taken under the Food and Drugs Act, 1938, by the Sanitary Inspectors and sent to the Public Analyst for analysis.

The tables on pages 60, 61 and 62 give summaries of the samples taken, the results of analyses and notes of the action taken in respect of adulterated samples.

Mr. A. S. Carlos, B.Sc., F.R.I.C., is the Public Analyst for the Borough, and the section of his report which deals with his work under the Food and Drugs Act, 1938, is appended:

“The number of samples taken under the Food and Drugs Act, 1938, was 300. These consisted of 168 formal samples and 132 informal samples. Of these samples two formal and eight informal were found

to be adulterated or irregular, showing a percentage adulteration of 3.3, which is satisfactorily low. The incidence of adulteration during the past five years is as follows :

1948	...	12.7	per cent	adulteration
1949	...	11.8	„	„
1950	...	4.8	„	„
1951	...	5.5	„	„
1952	...	3.3	„	„

“Milk.—95 samples of milk were submitted for analysis. 15 of these were described as Channel Island Milks and four of these were found to contain less than the required minimum of 4 per cent fat. One other sample of milk was found to be deficient in fat and one sample showed a deficiency in non fatty solids. The average composition of all the samples of milk was very satisfactory and is shown in the following table with a comparison of previous years :

				1949	1950	1951	1952
Fat	...	...	per cent.	3.57	3.51	3.62	3.60
Solids not fat	...	...	per cent.	8.93	8.93	8.86	8.83

“Ice-cream.—21 samples of ice-cream were submitted for analysis during the year and all found to conform with the standards laid down by the Ministry of Food of not less than 5 per cent fat, 10 per cent sugar and  $7\frac{1}{2}$  per cent milk solids other than fat. (4, 10 and 5 per cent respectively as from the 7th July, 1952.) (See Table on Page 00.)

“Beer.—Seventeen samples of Mild Ale were examined, and although following the tendency of recent years, which has been to produce beers of much lower original gravity than in the past, all were passed as genuine.

“Tea.—Eleven samples of tea were examined and found to be very satisfactory, all being free from exhausted and foreign leaves and yielding a high amount of water extract.

“Coffee Extracts.—Six samples of this article were examined and found to comply with the appropriate Food Standards Order.

“Cheese.—Seven samples were examined and found to be of good quality. They showed a considerable improvement on those taken during the previous year.

“Mincemeat.—One sample was taken and found to be slightly deficient in soluble solids.

“Cut Mixed Peel.—The only sample of this article which was examined showed that it contained 54 parts per million of Sulphur Dioxide in excess of that specified for Candied Peel. It is a source of contention as to whether cut mixed peel should be classified as a candied peel, when it could contain up to 100 parts per million of Sulphur Dioxide. If it is excluded from this classification then Sulphur Dioxide allowed would be only that contained in the small proportion of sugar present.

“Other Foods.—All the other samples examined were genuine and of good quality.

“Drugs.—33 samples of drugs were examined and of these, two were found to be adulterated or irregular. One of these samples consisted of Morison's Paste and was found to be 18.7 per cent deficient in exsiccated magnesium sulphate. The other sample was Friars Balsam, which was slightly deficient in alcohol.

“New Orders.—A number of new orders and circulars have been issued by the Ministry. Those which affect the Sale of Food and Drugs Act are listed in a separate Table.

“ARTHUR S. CARLOS, *Public Analyst.*”



# Samples taken for analysis under the Food and Drugs Act

	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Genuine</i>	<i>Adulterated</i>
<b>Foods</b>					
Almond Flavouring ... ..	—	2	2	2	—
Almond Paste ... ..	—	2	2	2	—
Arrowroot ... ..	3	—	3	3	—
Baking Powder ... ..	—	2	2	2	—
Beer (Mild Ale) ... ..	17	—	17	17	—
Blancmange Powder ... ..	—	1	1	1	—
Butter ... ..	7	—	7	7	—
Cheese ... ..	7	—	7	7	—
Cocoa ... ..	5	—	5	5	—
Coconut, desiccated ... ..	1	2	3	3	—
Cornflour ... ..	2	—	2	2	—
Coffee and Chicory Essence ... ..	—	6	6	6	—
Curry Powder ... ..	—	1	1	1	—
Custard Powder ... ..	—	2	2	2	—
Dripping ... ..	—	2	2	2	—
Fish Paste ... ..	—	3	3	3	—
Flour, plain ... ..	—	3	3	3	—
Flour, self-raising ... ..	4	5	9	9	—
Ginger, ground ... ..	1	—	1	1	—
Golden raising powder ... ..	—	1	1	1	—
Ice Cream ... ..	—	21	21	21	—
Jam ... ..	3	—	3	3	—
Jelly ... ..	1	—	1	1	—
Jelly Crystals ... ..	2	—	2	2	—
Lemonade Crystals ... ..	1	—	1	1	—
Margarine ... ..	2	—	2	2	—
Milk ... ..	76	4	80	78	2
Milk, Channel Island ... ..	—	15	15	11	4
Milk, Condensed, full cream, sweetened ... ..	—	3	3	3	—
Mincemeat ... ..	1	—	1	—	1
Nutmeg, ground ... ..	1	—	1	1	—
Oatmeal ... ..	2	1	3	3	—
Olive Oil ... ..	—	3	3	3	—
Peel, cut mixed ... ..	—	1	1	—	1
Pepper, white ... ..	1	2	3	3	—
Pepper, black ... ..	—	2	2	2	—
Pineapple in syrup ... ..	1	—	1	1	—
Pudding mixture ... ..	—	2	2	2	—
Rice ... ..	2	—	2	2	—
Rice, ground ... ..	2	1	3	3	—
Sausages, pork ... ..	4	—	4	4	—
Sausages, beef ... ..	3	—	3	3	—
Sausage meat, beef ... ..	1	—	1	1	—

**Samples taken for analysis under the Food and Drugs Act—contd.**

	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Genuine</i>	<i>Adulterated</i>
<b>Foods—continued</b>					
Salad cream ... ..	—	1	1	1	—
Saccharin Tablets ... ..	—	4	4	4	—
Spice, mixed ... ..	—	3	3	3	—
Soup, tomato ... ..	—	1	1	1	—
Suet, shredded ... ..	3	—	3	3	—
Tea ... ..	11	—	11	11	—
Tomato ketchup ... ..	—	2	2	2	—
Vinegar ... ..	4	1	5	5	—
<b>Drugs</b>					
Aspirin tablets ... ..	—	6	6	6	—
Bicarbonate of Soda tablets ... ..	—	2	2	2	—
Boracic Ointment ... ..	—	2	2	2	—
Camphorated Oil ... ..	—	2	2	2	—
Cream of Tartar ... ..	—	2	2	2	—
Compound Liquorice powder ... ..	—	1	1	1	—
Eucalyptus Oil ... ..	—	1	1	1	—
Epsom Salts ... ..	—	1	1	1	—
Friars Balsam ... ..	—	4	4	3	1
Gee's Linctus ... ..	—	3	3	3	—
Morison's Paste ... ..	1	1	2	1	1
Sulphur, Flowers of ... ..	—	4	4	4	—
Sulphur tablets ... ..	—	2	2	2	—
Zinc & Castor Oil Ointment ... ..	—	1	1	1	—
<i>Total Food and Drugs ... ..</i>	169	131	300	290	10

Samples taken under the Sale of Food and Drugs Act during 1952 and found to be adulterated or irregular

No.	Sample	Formal or Informal	Nature of Adulteration	Action taken
C.2 C.4	Channel Island milk ... Milk ...	I. I.	6.7% deficient in fat ... 17% deficient in fat ...	Ministry of Food notified. Sample taken on delivery to dairy. County Sampling Officer and Ministry of Agriculture and Fisheries notified.
C.7 C.8 C.10 C.21	Channel Island milk ... Channel Island milk ... Channel Island Milk ... Morison's Paste ...	I. I. I. I.	8% deficient in fat ... 25.7% deficient in fat ... 15% deficient in fat ... 18.7% deficient in exsiccated Magnesium sulphate.	Ministry of Food notified. Do. Do. Formal repeat sample genuine (C.37). Manufacturer cautioned.
C.22 C.45	Cut mixed peel ... Friars Balsam ...	I. I.	54 parts per million in excess of permitted preservatives. 2.8% v/v deficient in alcohol ...	Further sample obtained— satisfactory. Vendor cautioned. Manufacturer cautioned.
E.34 E.51	Milk ... Mincemeat ...	F. F.	0.1% deficient in solids not fat ... 2.72% deficient in soluble solids ...	



# ORDERS AND CIRCULARS ISSUED DURING 1952 AFFECTING THE SALE OF FOOD AND DRUGS ACT

<i>Order</i>	<i>Title</i>
S.I. No. 1697	The Food Standards (Coffee Mixture) Order, 1952.
S.I. No. 2240	The Food Standards (Edible Gelatine) Order, 1951.
S.I. No. 2241	The Food Standards (Fish Paste) (Amendment) Order, 1951.
S.I. No. 2242	The Food Standards (Meat Paste) (Amendment) Order, 1951.
S.I. No. 549	The Labelling of Food (Amendment) Order, 1952.
S.I. No. 507	The Meat Products Order, 1952.
S.I. No. 1822	Mineral Oil in Food (Amendment) Order, 1952.
M.F. 2/52	Liqueur Chocolate.
S.I. No. 1609	The Meat Products (Amendment Order).
S.I. No. 1124	The Meat Products (Amendment) No. 2 Order.
S.I. No. 2257	The Meat Products (Amendment) No. 3 Order.
S.I. No. 2203	The Food Standards (Suet) Order, 1952.

## SECTION F

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Although the Medical Officer of Health of a Sanitary Authority is responsible for the investigation and control of outbreaks of infectious diseases in his district, a Medical Officer of Health has no statutory responsibility for the clinical diagnosis of any case of suspected infectious disease.

Under the National Health Service Act, 1946, the Borough Infectious Diseases Hospital, which received patients from Poole and East Dorset passed, on the 5th July, 1948, to the South-West Metropolitan Regional Hospital Board, and the Medical Officer of Health, Poole, as such, was no longer responsible for the administration of the hospital or the treatment of the patients admitted. The administration of the Infectious Diseases Hospital became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of visiting physicians appointed by the Regional Hospital Board.

Continuity of clinical care and close association of the preventive with the diagnostic and curative services in relation to infectious diseases have been preserved, to the mutual advantage of the Local Authorities and the Hospital Service.

#### Deaths

During 1952 there were no deaths in Poole from diphtheria, scarlet fever, whooping cough, measles, or the enteric group of fevers.

#### Diphtheria

For the third time in over 50 years not a single case of diphtheria occurred. This disease, which formerly was a grave menace to child health, has for the present disappeared from the Borough. This happy situation is largely due to the immunisation of the child population which has been assiduously practised since 1929.

The incidence of this disease and its death rate in Poole since 1929 are shown below:

<i>Year</i>	<i>Notification</i>	<i>Deaths</i>	<i>Year</i>	<i>Notification</i>	<i>Deaths</i>
1929	4.25	.26	1941	.18	.06
1930	3.38	.15	1942	1.06	.13
1931	1.55	.06	1943	.60	.13
1932	.94	.02	1944	.61	.03
1933	.19	.02	1945	.15	.01
1934	.13	—	1946	.10	.02
1935	.27	.04	1947	.06	—
1936	.29	.05	1948	.01	—
1937	.16	.03	1949	.01	—
1938	.16	—	1950	—	—
1939	.40	.04	1951	—	—
1940	.56	—	1952	—	—

That Poole is not alone in the remarkable decline in the incidence and mortality of this disease is shown by the following information:

Deaths from diphtheria in England and Wales in 1941 totalled 2,622, whereas in 1952 the figure dropped to 22.

### **Scarlet Fever**

Of recent years this disease has become mild in type with few complications and the admission of cases to hospital has not been encouraged. Where, however, the facilities for home isolation are unsatisfactory, or where the case is associated with the distribution of milk or food, admission is arranged.

The term "Scarlet Fever" is misleading, both to the medical profession and to the public. The disease is so-called because of the occurrence of the bright red rash which is its most striking characteristic. This rash is the outward sign of an infection with a haemolytic streptococcus which is erythrogenic. In children the disease is essentially a tonsillitis, plus a rash. In adults this disease occurs usually as a tonsillitis, but without the rash, and the adult's tonsillitis is just as infective as that of the child. It is illogical to notify as suffering from an infectious disease a child with tonsillitis and a rash, and to disregard notification of the child's mother who has the same infection but no rash.

The following table shows the incidence of Scarlet Fever and the admissions to hospital during the past 10 years.



<i>Year</i>	<i>No. of Cases</i>	<i>Admitted to Hospital</i>
1941	127	118
1942	189	148
1943	100	66
1944	94	51
1945	49	24
1946	63	47
1947	63	40
1948	106	66
1949	49	33
1950	43	21
1951	18	6
1952	40	15

### **Poliomyelitis**

This disease was made notifiable in 1912, but until 1947 its incidence was low in this country. Since 1947, however, there has been a marked increase in its prevalence and in this Poole has shared. The disease seems to follow a seasonal course, starting in late summer, reaching a maximum incidence in the autumn and thereafter falling to a low level in winter and spring.

No satisfactory explanation of the marked increase in the incidence of poliomyelitis of recent years in this country has been forthcoming, but the answer may be found among the following alternatives:

1. The loss by the community to some extent of its immunity to the indigenous virus;
2. An increase in the virulence of the "native" virus;
3. The introduction of a new strain of virus to which the community has yet to become immune.

When cases of poliomyelitis are occurring in a community the number of sub-clinical infections far exceeds the number of overt cases. It is probable that for every 100 persons infected with the virus of poliomyelitis only one shows appreciable clinical evidence of infection.

Poliomyelitis was formerly known as "infantile paralysis", but this is a misnomer as there has in recent years been a shift in the age incidence from the under fives to the older children and young adults, in fact it is, in my experience, in the young adults that the majority of the dangerous and often fatal bulbo-spinal cases occur.

During 1952 there were 6 cases notified in Poole, with no deaths. 4 cases were under 10 years of age, 1 case in age group 10 to 20 years, and 1 in age group 25 years and over.

There is doubt as to how the virus invades the body. For some time it was regarded as being droplet-borne, gaining access to the central nervous system through the nasal mucosa. Of recent years more attention has been paid to the probable entry through the gastro-intestinal tract. It has been shown that the virus can be found in the pharynx for about a week after the onset of the disease and that the virus can be recovered from the faeces for 4-8 weeks. As a large number of those infected with the virus show no clinical evidence of the disease, the number of persons excreting the virus in their faeces during a time of epidemic prevalence may be considerable. For this reason it is wise, until the pathogenesis of poliomyelitis is more clearly established, to assume that the temporary intestinal carrier can play a considerable part in the dissemination of the infection, and preventive measures should pay considerable attention to the hygiene of the hands.

**Measles**

Measles became a notifiable disease in 1940, in which year there was a major outbreak in the Borough, 1,694 cases being notified.

In 1949 there was again a major outbreak, 1,134 cases being notified. This outbreak created in the child population a high level of immunity to the virus of measles, for in 1950 only 82 cases were recorded. The number of cases notified in 1951 rose sharply to 1,469, owing to the fact that the comparative absence of the disease in 1950 had allowed the level of immunity to fall. The following table indicates that this disease tends to follow a biennial rhythm.

<i>Year</i>	<i>Number of cases of measles</i>	<i>Year</i>	<i>Number of cases of measles</i>
1940	1,694	1946	533
1941	326	1947	882
1942	736	1948	528
1943	353	1949	1,134
1944	725	1950	82
1945	293	1951	1,469
		1952	360

**Whooping Cough**

The incidence of whooping cough was low during 1949, but there was a sharp rise in the number of cases in 1950, when 449 cases were notified. In 1951 there were 390 cases, with 2 deaths, and in 1952 136 cases, with no deaths.



## Tuberculosis

Up to the 5th July, 1948, the Medical Officer of Health of the County of Dorset was responsible for the county scheme for the diagnosis and treatment of tuberculosis. From the 5th July, the diagnosis and treatment of tuberculosis became the responsibility of the Regional Hospital Board, Chest Physicians being appointed, but the Medical Officer of Health is still responsible for taking what steps he can to prevent and control this disease and his powers and duties under the Tuberculosis Regulations are not affected.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis, unlike the majority of other communicable diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventable infectious disease. When the community has been taught that tuberculosis is an infectious disease which can be prevented, an educated public opinion will insist that a greater effort is made to secure its prevention.

In this connection, the fullest use should be made of the facilities offered by the Mass Radiography Units, as if this disease is detected in its early stages full recovery is more certain and the danger from undetected cases is reduced.

In the following Tables particulars are given of the position regarding the incidence of the disease in recent years.

	<i>First Notifications</i>		<i>Formerly notified new residents</i>		<i>Deaths</i>	
	<i>Pulmonary</i>	<i>Other Forms</i>	<i>Pulmonary</i>	<i>Other Forms</i>	<i>Pulmonary</i>	<i>Other Forms</i>
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1941	53	10	14	—	42	5
1942	55	10	8	1	38	4
1943	55	17	12	1	34	2
1944	73	27	20	2	45	6
1945	49	11	27	2	37	5
1946	65	11	31	6	47	8
1947	87	11	37	2	40	3
1948	56	11	20	5	35	3
1949	55	10	37	—	22	1
1950	68	16	39	6	27	3
1951	62	6	36	4	18	2
1952	46	11	28	—	21	2



For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	—	1	—	—	—	—	—	—
1-	—	1	—	1	—	—	—	—
5-	—	—	3	—	—	—	—	—
15-	5	9	2	1	—	—	—	—
25-	3	11	—	1	2	1	—	—
35-	2	2	1	1	4	—	1	—
45-	5	2	—	—	2	2	1	—
55-	2	2	1	—	2	2	—	—
65 & upwards	1	—	—	—	5	1	—	—
Totals	18	28	7	4	15	6	2	—

Of the deaths from the respiratory form:

1	had been notified during	1942	1	had been notified during	1949
2	" " " "	1944	2	" " " "	1950
1	" " " "	1945	6	" " " "	1951
2	" " " "	1946	5	" " " "	1952
1	" " " "	1947			

Of the two non-pulmonary deaths, one was due to tuberculous cystitis, and one to tuberculous meningitis.

# **CASES ADMITTED TO ALDERNEY INFECTIOUS DISEASES HOSPITAL DURING 1952**

Scarlet Fever	...	...	...	...	13
Scarlet Fever and Chickenpox	...	...	...	...	2
Tonsillitis	...	...	...	...	7
Eczema Infantile	...	...	...	...	1
Erysipelas	...	...	...	...	4
Sonne Dysentery	...	...	...	...	2
Whooping cough	...	...	...	...	2
Post Encephalitis Lethargica	...	...	...	...	1
Agranulocytosis	...	...	...	...	1
Rubella	...	...	...	...	3
A.P.M.	...	...	...	...	5
Glandular Fever	...	...	...	...	2
Vincent's Angina	...	...	...	...	1
Lobar Pneumonia	...	...	...	...	6
Allergic Dermatitis	...	...	...	...	1
Infective Hepatitis	...	...	...	...	1
Parotitis	...	...	...	...	2
Impetigo	...	...	...	...	6
Chickenpox	...	...	...	...	3
Ulcerative Stomatitis	...	...	...	...	1
T.B. Hip and Abscess rt. thigh	...	...	...	...	1
Acute disseminated encephalo-myelitis	...	...	...	...	1
Meningismus	...	...	...	...	1
P.U.O.	...	...	...	...	1
H.S. Infection	...	...	...	...	1
Enteritis	...	...	...	...	2
Influenza	...	...	...	...	1
Cervical Adenitis	...	...	...	...	1
Lymphocytic Meningitis	...	...	...	...	1
Meningitis—H. Influenza	...	...	...	...	1
Measles	...	...	...	...	5
Rheumatic Arthritis	...	...	...	...	1
N.A.D.	...	...	...	...	1
N.Y.D.	...	...	...	...	1
TOTAL					83

# CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1952

Disease	At all ages	Under 1 year	1-2 years	3-4 years	5-9 years	10-14 years	15-24 years	25 and over	Age Unknown
Measles ...	360	6	39	70	228	8	2	3	4
Whooping Cough ...	136	9	22	30	70	3	1	1	—
Scarlet Fever ...	40	—	2	3	32	2	1	—	—
Poliomyelitis ...	6	—	—	1	3	1	—	1	—
		Under 5 years	5-14 years	15-44 years	45-64 years	65 and over	Age Unknown		
Acute Pneumonia ...	27	1	3	8	8	7	—		—
Dysentery ...	2	1	1	—	—	—	—		—
Erysipelas ...	9	—	—	4	—	5	—		—
Meningococcal Infection ...	1	—	—	1	—	—	—		—
Food Poisoning ...	6	1	2	1	1	—	—		1
Puerperal Pyrexia ...	32	—	—	32	—	—	—		—
Malaria ...	2	—	—	1	—	1	—		—
TOTAL	621								





BOROUGH OF POOLE



# ANNUAL REPORT

*of the*

**Port Medical Officer**

*On the Health of the Port of Poole*

FOR THE YEAR

1952





## PART II

### PUBLIC HEALTH COMMITTEE, 1952 (acting as Port Health Authority)

*Chairman:*

Alderman D. A. HAYNES, J.P.

*Vice-Chairman:*

Councillor F. V. CRAWSHAW

*Aldermen:*

S. D. BALLAM  
J. BRIGHT, J.P.

A. B. HAYNES, J.P.  
Miss M. M. LLEWELLIN, J.P.

*Councillors:*

L. W. CHISMAN  
Mrs. J. D. COLES  
R. C. HART  
Mrs. E. M. HICKINSON, J.P.

L. J. MATCHAN  
L. S. MILLER  
Mrs. M. E. WALTERS  
Mrs. A. WILLIS

### OFFICERS OF THE AUTHORITY

*Clerk to the Port Health Authority:*  
WILSON KENYON, Town Clerk

*Medical Officer of Health:*  
JAMES HUTTON, M.D., D.P.H.

*Deputy Medical Officer of Health:*  
JAMES A. SINCLAIR, M.B., D.P.H.

*Port Sanitary Inspector:*  
ROBERT LEGGAT, F.S.I.A.

*Deputy Port Sanitary Inspector:*  
C. A. TRIM, Cert. R.S.I.

*Rodent Officer:*  
G. W. SKEGGS

*Office Clerk:*  
Miss E. I. TAPPER (resigned 1-10-52)

## PREFACE

*To the Chairman and Members of the Public Health Committee, acting as the Port Health Authority.*

I submit for your information and consideration my Annual Report as Port Medical Officer of Health for the year 1952.

The report is made in accordance with Article 17 (5) of the Sanitary Officers (outside London) Regulations 1935 and 1951. As a result of the Public Health (Ships) Regulations, 1949, the Minister of Health has reviewed the form and scope of the Annual Reports of Medical Officers of Health and in Port Form 20 enclosed with Circular 33/52 dated 6th November, 1952, he prescribes the form and sequence which the reports should follow.

One innovation in the requirements of the Minister is that the information required by Sections I, V, VI, VIII, XIV, XV and XVI (all marked with an asterisk), which has been given in an earlier report and has not since changed, need not be repeated every year. A recapitulation of all the information should be made in the reports for 1952 and 1955 and thereafter quinquennially. For the intermediate years, only the changes which have occurred during the year covered by the report need be mentioned in those sections.

One change to be recorded during the year was the retirement of Dr. George Chesney from the post of Port Medical Officer of Health and my appointment as his successor as from the 1st February, 1952.

In presenting this report I have pleasure in taking the opportunity of expressing my thanks to the Harbour Master, Captain C. H. Horn, and the Officers of H.M. Customs for their ready co-operation and help during the year, and to the Port Sanitary Inspector, Mr. R. Leggat and his Deputy, Mr. C. A. Trim, for their willing assistance and interest in the work.

Yours faithfully,

JAMES HUTTON,

*Port Medical Officer of Health.*

*April, 1953.*

## THE PORT OF POOLE

### Constitution of the Port Health Authority

The Port was permanently constituted a Port Sanitary Authority by an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

### Ancient Limits of Jurisdiction, 1365-1609

On the 26th April, 1365, the Barons of Winchelsey sent to the Mayor and Burgesses of Poole the Winchelsey Certificate which clearly defined the maritime jurisdiction of the port which was known in those days as the "Haven of the Pole".

Bernard Short, the Borough Librarian, records: "It is clear to all who read this certificate that the people of Poole, in those early days, were keenly alive to their privileges. From time immemorial, down to the passing of the Municipal Corporations Act in 1835, Poole had always been favoured with an exempt admiralty jurisdiction, the Mayor being Admiral of the Port and President of the Admiralty Court."

In the "booke of admyrall courts" covering the period 1550 to 1834 there is a record of a court held in 1609 at which the jurors presented the following statement of the limits of Admiralty jurisdiction of the Port: "that the liberties, franchises and privileges of this towne and poorte of Poole is knowne att this daye and from time to time before this daye, whereof the memorie of man doth not know to the contrarie, is and begineth from a place called Shaggrogg, alias Shaggrocke, being about Russell poynte, and so goeth all alonge that chennel yntill you come to North hauen poynte, and from the North hauen poynte as farre to sewaard as a humber barrell maie be seene and described in the sea."

The ceremony of the "Beating of the Water Bounds" of the Port is still carried out with due pageantry by the Admiral of the Port of Poole.

The importance of the Port of Poole at the end of the 16th century is indicated by the Customs Return of the year 1595. In that year, the dues collected at Poole amounted to £3,121 11s. 0d. In the same year the dues collected at Southampton were £1,478 19s. 3½d.; at Bristol £1,533 11s. 9d.; and at Cardiff £38 1s. 1d.



### Limits of Jurisdiction, 1909

“The jurisdiction of the said Port Sanitary Authority shall extend to so much of the said Port of Poole as lies to the westward of a straight line drawn across the mouth of Poole Harbour from the easternmost point of North Haven to the easternmost point of South Haven; together with the waters of the said port within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of disease issued under the authority of the statutes in that behalf; and the watersides of the District of the said Port Sanitary Authority constituted as aforesaid, and the docks, basins, harbours, creeks, rivers, channels, roads, bays and streams belonging to that part of the said Port for which such Authority is constituted as aforesaid.”

### Port Facilities

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts, but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e.:

Hamworthy Quay	500 feet at 15ft low water ordinary tide
Town Quay	1000 feet at 16ft. „ „ „ „
	1000 feet at 15 to 10ft. „ „ „ „
	500 feet shallow berthing (for yachts).

There are also some 3,500 feet of private wharves, including 1,000 feet of new wharfing constructed in 1950 by the British Electricity Authority for the new power station, Hamworthy. All the public quays are serviced by railways. Unloading equipment consists of one 3-ton electric travelling crane belonging to the Harbour

Commissioners and four electric cranes and two steam cranes belonging to private firms. There are, in addition, two privately-owned coal transporters each capable of dealing with between 1,000 and 1,200 tons of coal per day. Ship repairing facilities include seven yards capable of carrying out repairs to ships and yachts.

There is in the harbour an extensive area of safe anchorage. The depth of the water at the Harbour Bar is 13 feet at mean low water springs and 19 feet at mean high water springs and both flood and ebb tides run at about  $\frac{3}{4}$  of a knot. The channels are kept dredged and ships drawing 16 feet can enter the Port at high tides.

The telegraph address of the Port Health Authority is registered as "Portelth Poole".

#### \*I. Staff

Table A

<i>Name of Officer</i>	<i>Nature of Appointment</i>	<i>Date of Appointment</i>	<i>Qualifications and other Appointments held</i>
Wilson Kenyon	Clerk to Port Health Authority.	31.5.33	Solicitor; Town Clerk, Borough of Poole.
James Hutton	Medical Officer of Health.	1.2.52	M.D., D.P.H.; Medical Officer of Health, Borough of Poole; Poole Area Medical Officer, Dorset County Council.
James A. Sinclair	Deputy Medical Officer of Health.	29.9.42	M.B., Ch.B., D.P.H.; Deputy Medical Officer of Health, Borough of Poole; Assistant County Medical Officer, Dorset County Council.
Robert Leggat	Port Sanitary Inspector and Authorised Officer.	16.4.46	Cert. San. Insp. (R.S.I.); Cert. Food Insp. (R.S.I.); Chief Sanitary Inspector, Borough of Poole.
Cecil A. Trim	Deputy Port Sanitary Inspector and Authorised Officer.	16.4.46	Cert. San. Insp. (R.S.I.); Cert. Food Insp. Borough of Poole.
G. W. Skeggs	Rodent Officer.	21.3.44	Rodent Officer, Borough of Poole.
*Miss E. I. Tapper	Office Clerk.	1.4.45	Clerk, Public Health Department, Borough of Poole.
*Resigned 1-10-52			

Address and telephone number of Medical Officer of Health:

*Office:* Public Health Department, Municipal Buildings, Poole. Poole 393.

*Home:* 23 Pearce Avenue, Parkstone, Dorset. Parkstone 4140.



## II. Amount of Shipping Entering the Port During the Year

Table B

Ships from	Number	Tonnage	Number Inspected		Number of Ships reported as having had, during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports	†75	18,172	—	46	Nil
Coastwise ...	1,061	438,437	—	107	Nil
Total ...	1,136	456,609	—	153	Nil

† Does not include 189 yachts with total tonnage of 2,722.

## III. Character of Shipping and Trade During the Year

Table C

### Passenger Traffic

Number of passengers INWARDS — 646

Number of passengers OUTWARDS — 600 (approximately)

### Cargo Traffic

Principal IMPORTS — Timber, stone, bog ore, pyrites

Principal EXPORTS — China clay, spent oxide, barley

### Principal ports from which ships arrive

Channel Isles, French, Scandanavian and Baltic ports.

## IV. Inland Barge Traffic

There is no inland barge traffic in the port.

## \*V. Water Supply

1. Source of supply for the district and shipping.

The water supply for the port and shipping is that from the town mains provided by the Poole Waterworks Undertaking from hydrants on the quays. It is a softened, filtered and chlorinated water of high bacterial purity.

2. Reports of tests for contamination.

The supply was sampled every two or three days throughout the year and every sample was reported as "Class I—highly satisfactory".

In addition 6 samples of water were taken for bacteriological examination from the hydrants and hoses in use on the quays during the year and all were reported as "Class I".

15 samples of water supplies on ships using the port regularly were taken during the year for bacteriological examination. 14 were reported as "Class I" and one as "Class IV". In the latter case the ship's tanks were cleaned and disinfected and subsequent samples were satisfactory.



### 3. Precautions taken against contamination of hydrants and hosepipes.

Hydrants and hoses are cleansed and flushed and connections disinfected regularly by the Waterworks Undertaking and instructions have been issued that all hydrants and hoses must be cleansed and flushed before each use. Hydrants and boxes are at present being overhauled and renewed and the practicability of providing protective screw-on caps to the hydrants is being investigated.

### 4. Number and sanitary condition of water boats, and power of control by the Authority.

One small private water boat is in use in the harbour during the summer months for the supply of water to small yachts. This is inspected and the water sampled each year before the boat is brought into use, and samples of the water are taken at intervals throughout the season. All samples were reported as "Class I".

## \*VI. Public Health (Ships) Regulations, 1952

### 1. List of Infected Areas (Regulation 6).

The list of infected areas is revised weekly on receipt of the Ministry of Health's Record of Quarantinable Diseases and the revised list distributed immediately to the Port Sanitary Inspector, H.M. Customs Officers, the Senior Pilot and the Harbour Master.

### 2. Radio Messages.

#### (a) Arrangements for sending permission by radio for ships to enter the district (Regulation 13).

Poole is not a radio transmitting port but if necessary messages can be transmitted through Nitron Radio, Isle of Wight.

#### (b) Arrangements for receiving messages by radio from ships and acting thereon. (Regulation 14 (1) (a) and (2).) Messages are relayed from ships at sea direct to the Medical Officer of Health by telephone.

### 3. Notification otherwise than by radio. (Regulation 14 (1) (b).)

Duty pilots pass on to the Medical Officer of Health signals for the Port Health Authority received from ships approaching the harbour.

Where advance notification is received by H.M. Customs Officer or the Harbour Master of the arrival of a ship from an infected area this information is sent immediately to the Medical Officer of Health, who will arrange for a Medical Officer to inspect the ship.

Vessels are boarded upon arrival by H.M. Customs Officers who provide and collect the Maritime Declarations of Health and arrangements have been made for the Boarding Officers to contact the Medical Officer of Health immediately by telephone in the case of an inward vessel requiring special or immediate attention.

Advance messages are occasionally received from shipping agents in the port. The telegraphic address of the Medical Officer of Health is "Portelth, Poole". At the Port Health Office, Public Health Department, Municipal Buildings, Poole, messages can be received and the necessary action taken thereon at any time during the day or night.

Routine notifications of all ships arriving in the harbour are collected daily from the Harbour Master's office for the use of the Medical Officer of Health and Port Sanitary Inspectors.

#### 4. Mooring Stations (Regulations 22 and 30).

A mooring station has been established at a point in the main channel, half way between Parkstone Shoal Light Buoy and Stakes Buoy, just clear of shipping. If so directed by the Port Medical Officer, the Southern end of the New Quay, Hamworthy can be used also.

#### 5. Arrangements for dealing with Infectious Diseases.

##### (a) Hospital accommodation for persons suffering from infectious diseases (other than smallpox).

This is available at the Alderney Infectious Diseases Hospital, Poole. A full-time ambulance service of the Local Health Authority is available at all times at the Poole Ambulance Depot.

##### (b) Surveillance and follow up of contacts.

Arrangements have been made for surveillance and follow up of contacts to be carried out in accordance with Sections 36 to 38 of the Public Health (Ships) Regulations, 1952. Infectious disease contacts proceeding home are provided with notification post-cards for use if required, and immediate notification sent to the Medical Officer of Health for the district to which they are proceeding.

##### (c) The cleansing and disinfection facilities (including steam disinfection and cleansing station) of the Local Authority are available to the Port Health Authority at all times for the cleansing and disinfection of ships, persons, clothing and other articles.

### VII. Smallpox

#### 1. Name of Isolation Hospital to which smallpox cases are sent from the district.

Crabwood Smallpox Hospital, Nr. Winchester, Hants.

#### 2. Arrangements for transport of such cases to that hospital.

Transport of smallpox cases would be carried out by the Ambulance Service of the Dorset County Council operating from the Poole Ambulance Depot.

The vaccinal state of the 13 ambulance personnel at this depot is that 4 were last vaccinated in 1949, one in 1950, 5 in 1951 and 3 in 1952.



3. Names of smallpox consultants available.  
Dr. George Chesney, Poole.
4. Facilities for laboratory diagnosis of smallpox.  
Suspected material is sent to :  
Dr. F. O. McCallum,  
Virus Reference Laboratory,  
Central Public Health Laboratory,  
Colindale, London, N.W.9.  
Tel. No. Colindale 6041.

### \*VIII. Venereal Disease

Facilities for diagnosis and treatment for seamen suffering from Venereal Diseases are provided at two clinics, as follows:

Poole General Hospital, Longfleet Road, Poole—Fridays, 5 p.m.

Apart from the weekly clinic, arrangements have been made for seamen to obtain free treatment at this hospital on any day.

The Royal Victoria Hospital, Shelley Road, Boscombe—Wednesdays and Saturdays, 4.30 p.m.

During inspections of ships inquiries are made as to the presence of venereal disease among seamen and information as to the facilities available for treatment are given to the persons concerned. Printed cards are available for this purpose and display notices are also exhibited in the vicinity of the Port.

### IX. Cases of Notifiable and other Infectious Diseases on Ships.

Table D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports ... ..	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival ... ..	Nil	Nil	Nil	Nil
Cases landed from other ships	Nil	Nil	Nil	Nil

### X. Observations on the occurrence of Malaria in Ships

None.



## **XI. Measures taken against Ships infected with or suspected for Plague**

None necessary.

## **XII. Measures against Rodents in Ships from Foreign Ports**

Poole is a "Designated Approved Port" for the issue of Deratting Certificates and Deratting Exemption Certificates in accordance with Article 17 of the International Sanitary Regulations, 1951, and Articles 19, 20 and 21 of the Port Health (Ships) Regulations, 1952 are enforced in the Port. Both the Port Sanitary Inspector and the Deputy Port Sanitary Inspector have been trained in deratisation procedure.

1. During routine inspections of ships by the Port Sanitary Inspectors, masters and crew are interrogated as to the presence of rats and the ship in general and the crew's quarters in particular are examined for evidence of infestation. Where evidence is found or suspected a detailed search of the ship (including the holds) is made by the Rodent Officer who endeavours to secure one or more rats for bacteriological and pathological examination. Whenever a Deratting or Deratting Exemption Certificate is found to be out of date, or a certificate is needed, a detailed inspection and search of the ship is carried out jointly by the Port Sanitary Inspector and the Rodent Officer before a certificate is issued or renewed. A similar procedure is adopted before the issue or renewal of Rodent Control Certificates for coastal ships.
2. Bacteriological and pathological examinations of rodents are carried out by the Public Health Laboratory, Bournemouth (Director, G. J. G. King, M.B., B.Ch.). In one instance only was evidence of rats found on a ship inspected in the port during the year. No specimen could be obtained from this ship in the time available but three rats (two black and one brown) obtained from warehouses in the port area were submitted for bacteriological and pathological examination during the year. None showed any evidence of rodent plague infection.
3. Small infestations of rats on ships are dealt with directly by the Rodent Officer, using standard trapping and baiting methods. Major infestations requiring large scale fumigations are carried out by any one of the commercial contractors on the Authority's list, the arrangements being made direct by the owners or agents.
4. Every effort is made by the Port Sanitary Inspectors to secure improvement in the rat-proofing of ships where harbourage is found on inspection but, except in the cases of those ships based on the Port, very few opportunities arise for improvement of structures owing to the very short stay in port of the ships.

Table E

Rodents destroyed during the year in ships from foreign ports

Category	Number
Black rats ... ..	Nil
Brown rats ... ..	Nil
Species not known ... ..	Nil
Sent for examination ... ..	Nil
Infected with Plague ... ..	Nil

The number of rats destroyed during the year in warehouses, etc., on the Quays was 205.

Table F

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports

No. of Deratting Certificates Issued		Total	Number of Deratting Exemption Certificates Issued	Total Certificates Issued
After fumigation with H.C.N.	Other Fumigant (State Method)			
1	2	5	6	7
Nil	Nil	Nil	8	8

Rodent Control Certificates

During the year 9 Rodent Control Certificates were issued to coastal ships operating regularly in the port.

XIII. Inspection of Ships for Nuisances

Table G  
Inspection and Notices

Nature and number of Inspections	Notices Served		Result of Serving Notices
	Statutory Notices	Other Notices	
Routine Inspections ... ..	—	6	Abated, 5; Outstanding when ship left, 1.
Re-inspections ... ..	—	—	—
Re water supplies ... ..	—	1	Tanks cleaned and chlorinated. Subsequent samples satisfactory.
Infectious Diseases ... ..	—	—	—
Searches by Rodent Officer ... ..	—	1	Ship left before deratting could be carried out—next port notified.
Total ... ..	—	8	—



#### **\*XIV. Public Health (Shell Fish) Regulations, 1934 and 1948**

Shell-fish fishing is carried on commercially in the harbour on a small scale, although the takings continue to diminish each year. The commercial fishermen mainly operate in the southern and western parts of the harbour, areas which routine sampling during the past five years has shown to be remarkably free from serious pollution. 8 samples of cockles were taken during the year from these areas for bacteriological examination ; 7 showed no faecal coli present in 1 ml. of shell-fish, while one showed one faecal coli in 1 ml. of one of two pools.

Members of the general public frequently gather cockles from the developed and more built-up northern and eastern shores of the harbour where occasional pollution is more likely during periods of heavy rainfall owing to the presence of several sewer storm-water overflows. No prohibited area has been prescribed in the harbour but observation is being maintained on these shores to determine the extent of pollution involved. During 1952, 12 samples of cockles were obtained for bacteriological examination from these areas ; 10 showed no faecal coli present in 1 ml. of shell-fish, one contained 6 faecal coli per 1 ml. and one contained one faecal coli in 1 ml. of one of two pools.

Cockles form the bulk of the takings (about 1,500 cwts. were marketed in 1951) but small quantities of periwinkles are also marketed. Mussels are practically extinct.

The oyster fishing industry finished in the harbour about 1935, but in 1951 the Ministry of Agriculture and Fisheries Experimental Station, Conway, laid some 10,000 oysters in South Deep, Main Channel and Wareham Channel. A further 4,500 were laid by a private firm in Wych Channel. These layings are experimental but it is understood that so far the results have been encouraging.

#### **\*XV. Medical Inspection of Aliens**

Not applicable.

#### **\*XVI. Miscellaneous**

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

The Town Mortuary is available near the Quay and no difficulty would arise in arranging burial in one of the Local Authority Cemeteries.

#### **Pollution of the Harbour**

In conjunction with the Chief Fishery Officer of the Southern Seas Fisheries District, efforts are being continued to trace all sources of chemical pollution of the harbour. A number of sources are known and these are being sampled regularly to determine if the discharges are inimical to fish life.



# ANNUAL REPORT

*to the*

Local Education Authority

*on the*

SCHOOL HEALTH SERVICE

*in the*

BOROUGH OF POOLE

FOR THE YEAR

1952



ANNUAL  
REPORT

OF THE

BOARD OF

MANAGEMENT

OF THE

1901

## PART III

## SCHOOL HEALTH SERVICE

Report of the School Medical Officer  
for the year 1952

## COMMITTEE FOR EDUCATION, 1952

<i>Chairman:</i>	Alderman W. D. SIMMONDS, O.B.E.
<i>Vice-Chairman:</i>	Alderman Miss M. M. LLEWELLIN, J.P.
<i>His Worship the Mayor:</i>	Alderman G. BRAVERY

*Aldermen:*

S. D. BALLAM	J. BRIGHT, J.P..
D.A. HAYNES, J.P.	A. J. H. PEARCE

*Councillors:*

J. C. AIREY	F. G. BARRETT
G. S. BROWN, J.P.	L. W. CHISMAN
W. H. COLE	Mrs. D. J. COLES
E. A. R. HEBLEY	Mrs. E. M. HICKINSON
A. LLOYD-ALLEN	L. MATCHAN
Mrs. M. E. WALTERS	Mrs. A. WILLIS
S. M. WOODFORD	

*County Council Members:*

Eng.-Commander R. H. BAKER, R.N.	Mrs. M. CHAMPION
Mr. R. E. CHISMAN, J.P.	Mr. T. H. SUTTON, J.P.

*Co-opted Members:*

The Very Rev. Canon M. J. COUGHLAN	The Rev. W. DICKINSON
The Rev. Canon H. BARTON	Mr. A. J. MARTIN
Mr. E. J. HERRING	Mr. N. M. F. BOYD

**STAFF**

- School Medical Officer:* James Hutton, M.D., D.P.H. (Appointed 1.2.52)
- Deputy School Medical Officer:* J. A. Sinclair, M.B., Ch.B., D.P.H.
- Assistant School Medical Officers:* P. S. Blaker, M.R.C.P., M.R.C.S., D.P.H.  
H. C. Williamson, M.B., B.Ch., B.A.O., D.P.H.
- Senior Dental Officer:* W. K. Rimmer, L.D.S., D.D.S.
- Assistant Dental Officers:* R. Allen, L.D.S.  
C. E. Thomas, L.D.S., R.C.S.
- School Nurses (Health Visitors):* Miss M. M. Kingsbury, S.R.N., S.C.M., H.V.C.  
(Superintendent Health Visitor and School Nurse)  
Miss H. Brooks, S.R.N., S.C.M., H.V.C.  
Mrs. V. M. Hall, S.R.N., S.C.M., H.V.C.  
Miss I. Koster, S.R.N., S.C.M., H.V.C.  
Miss V. Kusel, S.R.N., S.C.M., H.V.C.  
Miss L. B. Lever, S.R.N., S.C.M., R.F.N.  
Mrs. V. Narbett, S.R.N., S.C.M., H.V.C.  
Miss M. Phillips, S.R.N., S.C.M., H.V.C.  
Miss K. F. Porter, S.R.N., S.C.M., H.V.C.  
Mrs. M. Stapley, S.R.N., S.C.M., H.V.C.
- Dental Attendants:* Miss G. Forrest  
Miss R. Nicholls  
Mrs. E. T. Mattinson
- Clerks:* Mr. F. B. Edwards (Chief Clerk)  
Mr. C. A. Fox  
Miss P. Giles  
Miss J. Beardsell (Part-time)

**Medical Auxiliaries**

- Speech Therapist:* Miss M. J. Bartels, L.C.S.T.
- Oral Hygienist:* Mrs. V. Murton (Resigned 15.9.52)  
Miss S. Evans (Appointed 1.10.52)
- Psychiatric Social Worker:* Miss A. D. Filliter



## SCHOOLS

### Primary

There are in the Borough 17 Primary Schools, of which 12, comprising 15 departments, are County Primary Schools provided and maintained by the Local Education Authority and 5 are Voluntary Primary Schools, of which 3, comprising 6 departments, are provided by the Church of England and 2 by the Roman Catholic Church.

3 new infant schools, Sylvan, Trinidad and Stanley Green, were opened during the year.

### Secondary Modern Schools

There are 5 Secondary Modern Schools in the Borough.

### Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

### Private Schools

There are 17 Private Schools in the Borough.

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

The Local Education Authority have not taken action under this section.

### Accommodation

Average number on roll during 1952:

Grammar Schools	...	...	...	1,263
Secondary Modern Schools	...	...	...	2,621
Primary Schools	...	...	...	6,815
				<hr/>
				10,699
				<hr/>

Average attendance during year ending 31st December, 1952:

Grammar Schools	...	...	...	1,205
Secondary Modern Schools	...	...	...	2,399
Primary Schools	...	...	...	6,189
				<hr/>
				9,793
				<hr/>

## **THE SCHOOL HEALTH SERVICE AND THE NATIONAL HEALTH SERVICE ACT**

By the end of 1952 the National Health Service Act had been in operation for  $4\frac{1}{2}$  years and the last year was marked by increased liaison and co-operation between the medical staff of the General Hospitals and the medical officers of the School Health Service in Poole.

There is little or no difficulty, or undue delay, in arranging appointments with the consultants and specialists in the various specialities and, with the opening in June 1952 of the new Out-Patients' Department at Poole General Hospital, these arrangements have been greatly facilitated.

There is an excellent relationship with the local general practitioners. The family doctor is fully informed of all relevant matters arising during a school medical examination, e.g., defects the School Medical Officer considers require specialist's opinion. In such cases the family doctor is given the option of either taking personal action or leaving the examining Medical Officer to make arrangements direct with the appropriate specialist. Many general practitioners (and increasing numbers) have asked to leave arrangements to the School Medical Officer provided they are "kept in the picture". They are fully informed and supplied with copies of reports received from the hospital. This arrangement seems to work smoothly and satisfactorily. Treatment, domiciliary or other, of acute diseases or other illnesses not requiring specialist treatment, are the responsibility of the general practitioner, and in such cases the parents are advised to see their own family doctor.

The close liaison existing between the Health Department and the local Infectious Diseases Hospital, with the resultant early notification of cases of infectious diseases admitted to hospital, facilitates in carrying out the School Medical Officer's duties of investigation, prevention and control of infectious diseases in schools.

### **THE WORK OF THE SCHOOL HEALTH SERVICE**

The work of the School Health Service may be summarised as follows:

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.
- (3) Class by class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Special clinics.
- (6) Ascertainment and classification of handicapped pupils.
- (7) Investigation and control of infectious disease.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens.



## **MEDICAL INSPECTION**

Section 49 of the Handicapped Pupils and School Health Service Regulations provides for the medical inspection at stated periods of pupils in attendance at every school, not being a Special School, maintained by the Local Education Authority. These inspections are conducted, where possible, on the school premises and parents are invited to be present. The following are the approved arrangements:

- (a) Every pupil who is admitted for the first time to a maintained school is inspected as soon as possible after the date of admission.
- (b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at such a school.
- (c) Every pupil attending a maintained secondary school is inspected during the last year of his attendance at such a school.
- (d) Every pupil attending a maintained school or county college is inspected on such other occasions as the Minister or the Authority with the approval of the Minister may determine.

Each child is presented to the medical officer without shoes or stockings and stripped to the waist so that a fairly rapid but thorough general examination can be carried out.

If a child is found to be suffering from a defect, the parent is advised as to treatment or the child is referred for treatment to the family doctor, the appropriate clinic or the general hospital.

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

### **Medical Records**

The medical records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department. This facilitates arrangements for medical inspection and "following-up".

### **Result of Medical Inspection**

During 1952, 2,895 children were examined at routine medical inspections. Of these, 1,132 were entrants, 886 in the second age-group and 877 in the third age-group.

Of the 2,895 children examined, 621 were found to require treatment for various conditions, exclusive of defective nutrition, verminous conditions and dental caries.

1,037 special inspections and 2,058 re-inspections were carried out during the year.



## National Survey of the Health and Development of Children

The Joint Committee, consisting of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee, have been following the health, growth and development of 6,000 children born in one week in March, 1946, who are drawn from all social classes and from all parts of Great Britain. Twelve of these children were living in the Borough in 1952 and in March an exhaustive interrogation and examination was carried out on each child by the school nurses and the school medical officers.

## DEFECTIVE COLOUR VISION IN SCHOOL CHILDREN

For some years in Poole the school medical officers have stressed the importance of detection of defective colour vision.

In view of the fact that 8 % of the male population suffer from some degree of congenital colour blindness, usually of the "red-green" type, it is important that the parents of such boys should know of this defect before their sons have been committed to one particular line of education for training with a view to entering a trade or profession requiring normal colour vision. With less than  $\frac{1}{2}$  % girls suffering from this defect it is less likely to find girls as square pegs in round holes in similar occupations.

Prominence has been given to the subject of colour blindness in certain trades and professions. Normal colour vision is a *sine qua non* in engine drivers, railway signalmen, commercial artists, navigators and occupations involving colour matching (e.g., textiles, dyeing, etc.). Other trades and professions are less obvious but nevertheless require normal colour sense, e.g., chemistry (chemical analysis, spectroscopy, soil, etc.).

# Defects found at School Medical Inspections

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
(1)				
Skin ...	24	11	27	7
Eyes — (a) Vision ...	180	63	99	4
(b) Squint ...	33	19	4	—
(c) Other ...	13	17	9	2
Ears — (a) Hearing ...	10	19	3	—
(b) Otitis Media ...	6	10	4	—
(c) Other ...	11	12	7	8
Nose or Throat ...	96	263	71	7
Speech ...	13	41	7	—
Cervical Glands ...	7	61	19	—
Heart and Circulation ...	19	51	3	—
Lungs ...	22	69	5	1
Developmental — (a) Hernia ...	3	17	—	—
(b) Other ...	6	38	1	—
Orthopaedic — (a) Posture ...	52	40	7	7
(b) Flat foot ...	102	94	13	5
(c) Other ...	114	146	60	13
Nervous system — (a) Epilepsy ...	2	3	—	—
(b) Other ...	—	5	1	—
Psychological — (a) Development ...	1	19	50	2
(b) Stability ...	5	30	15	—
Other ...	3	28	432	25

### General Condition

Three categories are used in the classification of a child's general condition:

A — better than normal or "good".

B — normal or "fair".

C — below normal or "poor".

The child's category is decided not only on a nutritional basis but also according to the presence or absence of defects. The figures for 1952 are as follows:

Age Group	No. of pupils inspected	A Better than normal or Good		B Normal or Fair		C Below normal or Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ... ..	1132	789	69.7	341	30.1	2	0.2
Second age group...	886	701	79.1	184	20.8	1	0.1
Third age group ...	877	672	76.6	199	22.7	6	0.7
Other periodic inspections ...	—	—	—	—	—	—	—
TOTAL	2895	2162	74.7	724	25.0	9	0.3

There is still difficulty in defining the category "A". One child may be of outstanding physique but poorly equipped mentally and another may be outstanding physically and mentally. The latter is easily classified as "A" though the former may be classified either "A" or "B", depending on the examining medical officer's personal standards.

### PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1952, 105 children were examined for fitness for employment and a certificate of fitness was issued in each case.



In addition 12 children were examined for fitness to be employed in Entertainments (Pantomime) and a certificate of fitness issued in each case.

The school medical officers have found there is no adverse effect on these children's health by being employed within the limits allowed by the Bye-Laws.

### CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of infectious and contagious diseases.

During these rapid surveys 22,411 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 225 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic, or, in severe or persistent cases, at the special cleansing centre.

The standard to which the school nurses are instructed to adhere in these inspections is high. If a child has one nit, that is regarded as a case of infestation and is recorded. The finding of even one nit is evidence that a head louse has been present.

### MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as follows:

	<i>Address</i>	<i>Open on</i>	<i>Time</i>	<i>Doctor in Attendance</i>
(1)	The School Clinic, 67 Market Street, Old Town.	Monday and Thursday	9 a.m.	Monday
(2)	The School Clinic, Shillito Road, Parkstone.	Tuesday and Friday	9 a.m.	Friday
(3)	Hamworthy School	Tuesday and Friday	9 a.m.	Tuesday
(4)	Henry Harbin School	Thursday	9 a.m.	2nd and 4th Thursday in each month
(5)	Broadstone Women's Institute	Thursday	9 a.m.	1st, 3rd and 5th Thursday in each month
(6)	Kemp Welch School	Wednesday	9 a.m.	Wednesday
(7)	Herbert Carter School	Tuesday and Friday	10.45 a.m.	Tuesday

Attendances at Minor Ailment Clinics in 1952 were as follows :—

	No. of children	No. of attendances
Old Town ... ..	323	415
Parkstone ... ..	358	560
Hamworthy ... ..	689	1183
Broadstone ... ..	184	262
Henry Harbin School ...	105	156
Kemp Welch School ...	257	377
Herbert Carter School ...	198	322
	<hr/> 2114	<hr/> 3275

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Skin ... ..	72
Eyes (a) Vision ... ..	97
(b) Squint ... ..	4
(c) Other ... ..	151
Ears (a) Hearing ... ..	1
(b) Otitis Media ... ..	4
(c) Other ... ..	111
Nose or Throat ... ..	79
Speech ... ..	7
Cervical Glands ... ..	27
Heart and Circulation ... ..	3
Orthopaedic (a) Posture ... ..	2
(b) Flat foot ... ..	11
(c) Other ... ..	54
Psychological (a) Development ... ..	2
(b) Stability ... ..	12
Other ... ..	1745
	<hr/>
TOTAL ... ..	2382
	<hr/>

### REMEDIAL EXERCISE CLASSES IN SCHOOLS

Special classes for remedial exercises for school children are organised by the County Remedial Organiser.

Children suffering from minor orthopaedic defects such as flat feet, knock knee and postural defects are generally amenable to such treatment.

The County Remedial Organiser reports:

"Head Teachers are co-operating in the organisation of remedial exercises though staffing shortages make it very difficult in some cases.

Classes have continued as before. Two schools, namely Stanley Green Infants and St. Aldhelm's Infants, have classes pending owing to the necessity of training new remedial teachers, thus leaving the following schools without classes:

Kemp Welch Secondary Modern Boys  
Poole Grammar ASchool  
Oakdale Junior School.

"A few schools have waiting lists for remedial children but it is hoped during the coming year to reduce these as other children are discharged.

### **Courses**

"There have been no courses for Poole teachers during the year but several have attended courses in other parts of the County.

"A Day Course for Health Visitors was held during the summer holidays when the programme included remedial exercises and breathing exercises for asthmatic children."

## **SPECIAL CLINICS**

During 1952 special clinics were held as follows:

### **Ophthalmic Clinic**

"Torvaine", St. Peter's Road, Parkstone. Monday and Tuesday at 9.15 a.m.  
Thursday at 2 p.m.

### **Child Guidance Clinic**

Poole Clinic, 67 Market Street, Poole. Tuesday and Thursday at 2 p.m.

### **Speech Clinic**

"Torvaine", St. Peter's Road, Parkstone. Friday at 10 a.m. and 2 p.m.  
Herbert Carter School, Blandford Road, Hamworthy. Thursday at 10 a.m.  
Henry Harbin School, Wimborne Road, Poole. Monday at 10 a.m. and 2 p.m.

### **Asthma Clinic**

Branksome Clinic, Shillito Road, Parkstone. Monday at 2 p.m.

## **OPHTHALMIC AND ORTHOPTIC CLINICS**

The Ophthalmic Specialist reports as follows:

"The number of children seen at the Eye Clinic this year was 1,439, with an average attendance of just over 11 for each of the 130 Clinics held. These figures are approximately the same as last year and include 247 cases from outside Poole seen for the Dorset County Council.



"Spectacles were prescribed or lenses changed in existing spectacles in 770 cases and there were 303 new cases. Minor inflammatory conditions and a number of diseases of a more serious nature were seen, including choroiditis, traumatic and congenital cataracts, interstitial keratitis and cerebral tumour.

"The Orthoptic Clinic again made good progress. There were 108 new cases and the total attendance was 1,371. Consideration is being given to the establishment of peripheral Orthoptic Clinics at Wareham and Wimborne but the number of cases from these districts hardly justifies this at the moment.

The waiting list for operations is now reasonably small."

E. R. BOWES, M.B., B.S., D.O.M.S.

### CHILD GUIDANCE CLINIC

"During 1952 there have been two regular psychiatric sessions held each week at the School Clinic, Market Street, Poole. Owing to the limited accommodation there, however, the preliminary investigations with the Educational Psychologist and the Psychiatric Social Worker are still being done at Burlea Towers.

"One of the psychiatric sessions is being devoted to diagnosis and investigation and the other session is devoted to treatment.

"During the year 95 new children have been seen for investigation; this is an increase of 16 compared with last year.

"At the end of the year 9 children were attending for regular intensive psychiatric treatment each week; in these cases mothers are seen by the Psychiatric Social Worker while the Psychiatrist is seeing the child. In addition to this 48 children were being seen periodically for more superficial treatment help and parent guidance. During 1952 intensive psychiatric treatment has been concluded on 10 children. Of these 8 were regarded as satisfactorily adjusted; 1 as partially adjusted and 1 was transferred to hospital. At the end of the year there were 16 children considered to be in need of regular psychiatric treatment who were still on the waiting list. 10 children are awaiting preliminary investigation by the Educational Psychologist and Psychiatric Social Worker and a further 10 children who they have already seen were awaiting psychiatric interview.

"Regular case conferences are held at the end of one clinic session at which new cases and progress of treatment cases is discussed and discussions are also held with other interested workers, such as speech therapist or probation officer, as is indicated for any particular child."

W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

### SPEECH CLINIC

During 1952, 106 children attended this clinic compared to 96 the previous year.

The children on the waiting list for treatment were reviewed during the year and at the end of 1952 the number on this list had been reduced to 23.

### ASTHMA CLINIC

Attendance at this Clinic, held on Monday afternoons at Branksome Clinic, during the year was good and parents were most co-operative with home exercises and supervision. It is unfortunate that the waiting list is steadily growing for it is impossible to cope with more children at present.

30 children attended the clinic during the year and 13 were discharged.

### HANDICAPPED PUPILS

Handicapped Pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1945, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are:

- |                       |  |
|-----------------------|--|
| (a) Blind             | (g) Educationally sub-normal             |
| (b) Partially sighted | (h) Epileptic                            |
| (c) Deaf              | (i) Maladjusted                          |
| (d) Partially deaf    | (j) Physically handicapped               |
| (e) Delicate          | (k) Pupils suffering from speech defects |
| (f) Diabetic          |  |

Special educational treatment can be given in an ordinary school, in a special class in an ordinary school, or in a day or residential special school where the children are more seriously handicapped.

The Education Act of 1944 places the responsibility on the Education Authority of ascertainment, examination and classification of educationally subnormal children. The accepted figure of educationally subnormal children, requiring special educational treatment, is 10% of the school population. 8-9% can be absorbed into the ordinary school system with special educational treatment either in an ordinary class or in a special class. About 1.2% will need education in a special school—1% in day special school, and 0.2% in residential special school.

Taking the school population in Poole as 10,000, about 120 children are unsuitable for education in ordinary schools, requiring special educational treatment in special schools.



There are no special day or residential schools in Poole and special residential school accommodation through the country is greatly limited.

Though there seems to be little or no difficulty in absorbing the 800 less seriously handicapped children into the ordinary school system there is a serious lack of provision for the 120 more seriously handicapped, the majority of whom are suitable for admission to a special day school.

Consideration should be given to the provision of special day school facilities in Poole, either by new construction or by adaptation of existing premises.

Details of the handicapped pupils examined and placed in the various categories during 1952, and the numbers on the register on the 31st December, 1952 are as follows:

	Ascertained in 1952	Total on Register 31.12.52
Blind ... ..	—	2
Partially sighted ... ..	—	—
Deaf ... ..	1	10
Partially deaf ... ..	1	2
Delicate ... ..	1	2
Diabetic ... ..	—	—
E.S.N. ... ..	19	105
Epileptic ... ..	—	2
Maladjusted ... ..	2	9
Physically Handicapped ... ..	8	27
Multiple Defects ... ..	4	13
	<hr/> 36	<hr/> 172

Of the 19 educationally subnormal pupils examined during the year, 17 were recommended for special educational treatment in an ordinary school and 2 for admission to a special residential school.

In addition to those examined and ascertained as handicapped pupils above:

11 were examined and recommended for report to the Local Health Authority under Subsection 3 of Section 57 of the Education Act, 1944.

5 were examined and recommended for supervision after leaving school in accordance with Subsection 5 of Section 57 of the same Act.

8 were examined in accordance with Section 57 (5) but were not deemed to require supervision after leaving school.

12 educationally subnormal children were re-examined. In 8 of these cases no changes in the recommendations were made, 2 who were



formerly recommended for special educational treatment in an ordinary school are now recommended for education in a special school and 2 vice versa.

1 educationally subnormal and maladjusted pupil who was formerly recommended for special educational treatment in an ordinary school was re-examined and is now recommended for education in a special school.

15 children were specially examined but were found to require no special educational treatment at present.

### Handicapped pupils in special schools

<i>Category</i>	<i>At end of 1951</i>	<i>Admitted during 1952</i>	<i>Discharged during 1952</i>	<i>No. at end of 1952</i>
Blind ... ..	2	—	—	2
Partially sighted ... ..	—	—	—	—
Deaf ... ..	8	1	1	8
Partially Deaf ... ..	1	—	—	1
Delicate ... ..	—	—	—	—
Physically Handicapped ...	5	1	3	3
Educationally Sub-normal	12	5	3	14
Maladjusted ... ..	4	2	3	3
Epileptic ... ..	2	1	1	2
<b>TOTAL ... ..</b>	<b>34</b>	<b>10</b>	<b>11</b>	<b>33</b>

### JUVENILE DELINQUENCY

During 1952, 134 school children appeared before the Juvenile Court, charged with various offences such as larceny, burglary, wilful damage, etc., excluding minor traffic offences. At the end of 1952 there were 18 children from the Borough in approved schools.

### INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following notifiable infectious diseases occurred in school children during the year. The incidence at all ages is shown for comparison. Comparable figures are also given for the year 1951.

Of the four school children notified as cases of poliomyelitis, two were paralytic and two non-paralytic. All four were admitted to the Infectious Diseases Hospital, Poole.

The majority of the 236 cases of measles occurred in the last quarter of the year.

The 34 cases of Scarlet Fever notified gives no real indication of the incidence of streptococcal tonsillitis without rash, due to the same infection and equally infectious. It would appear illogical to notify and isolate the one and ignore the other.

	1951		1952	
	<i>School Children</i>	<i>All Ages</i>	<i>School Children</i>	<i>All Ages</i>
Haemolytic streptococcal infection—				
Scarlet Fever ... ..	11	18	34	40
Erysipelas ... ..	—	16	—	9
Measles ... ..	686	1469	236	360
Whooping Cough ... ..	124	390	73	136
Pneumonia ... ..	1	73	3	27
Poliomyelitis ... ..	7	8	4	6
Dysentery ... ..	4	7	1	2
Food Poisoning ... ..	1	6	2	6
TOTALS ... ..	834	1987	353	586

### DIPHTHERIA IMMUNISATION

129 school children who had not been immunised in infancy received their first inoculations after entering school. 1,495 school children who had been previously immunised received “reinforcing” doses, which are recommended about every four years in order to keep the immunity at a high level.

Regular immunisation sessions are held at the various clinics in the Borough, but where possible special sessions are held at the schools in order that the ordinary school routine will be interrupted as little as possible.

The following table shows the number of children who were immunised during the year. The figures for the preceding four years are also given for comparison.

	1948	1949	1950	1951	1952
Number of children who were immunised for the first time—					
Under school age ... ..	1128	792	1018	837	838
School Age ... ..	135	82	70	142	129
Number of school children who received a “Reinforcing” dose ... ..	1633	1211	980	1117	1495

### INFESTATION

A clinic is available for the treatment of scabies and head infestation. No school children were treated for scabies during the year but 119 children with persistent or severe head infestation attended for treatment.



## **CO-OPERATION WITH THE EDUCATION DEPARTMENT**

Close co-operation exists between the School Health Service and the Special Services Section of the Education Department. In addition most of the Head Teachers have shown a keen interest in the health of the pupils under their care and have been most helpful in making arrangements for medical inspections.

There is also close liaison with the School Attendance Officers, who frequently bring to the notice of the School Medical Officer cases of prolonged or frequent absence due to illness.

## **THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN**

The local inspector of the Society keeps in close touch with the School Medical Officer's Department. The Society deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents to have essential treatment carried out where this has been recommended by the School Medical Officer. Mr. Woolley, the local inspector, dealt satisfactorily with many difficult cases of neglect by giving kind but firm advice in the home with the result that there were no prosecutions.

## **PROVISION OF SCHOOL MEALS AND MILK**

During the year 82.38% of the school children took their daily allowance of one-third of a pint of milk.

The daily average number of mid-day meals provided was 5,410. In certain cases of financial hardship meals are provided free of charge and in 1952 the total number of such meals provided was 73,962.

## **MEDICAL EXAMINATIONS FOR SUPERANNUATION AND FITNESS FOR APPOINTMENT**

During the year 69 medical and X-ray examinations were carried out on teachers and other staff.

8 entrants to training colleges were examined in accordance with Ministry of Education Circular No. 249.

## **REPORT OF THE SENIOR DENTAL OFFICER FOR 1952**

"Apart from the resignation and replacement of the part-time oral hygienist, there were no changes in the dental staff during the year 1952. The consultant service in orthodontia provided by the Bournemouth and East Dorset Hospital Management Committee has been utilised in about fifty cases, and is greatly appreciated by the parents of the children concerned. In those cases which the dental officers wish to handle themselves, the consultant willingly gives advice on the best method of treatment.

"There has been an increase in the number of fillings done and a slight decrease in the number of teeth extracted; this improvement



in the ratio of fillings to extractions, which applies both to permanent teeth and to temporary teeth, is encouraging and indicates a gradual change from emergency toothache extractions to systematic conservation of teeth. There will, of course, always be a number of cases requiring treatment without delay, but emergency work should be reduced to a minimum by regular and frequent inspection."

### Dental Inspection and Treatment

(1) Number of pupils inspected:				
(a) Periodic age-groups	...	...	...	5,620
(b) Specials	...	...	...	200
				<hr/>
(c) Total	...	...	...	5,820
(2) Referred for treatment	...	...	...	2,937
(3) Actually treated	...	...	...	2,844
(4) Attendances for treatment	...	...	...	7,109
(5) Half-days devoted to:				
(a) Inspection	...	...	...	61
(b) Treatment	...	...	...	1,147
(6) Fillings:				
Permanent teeth	...	...	...	4,399
Temporary teeth	...	...	...	274
(7) Extractions:				
Permanent teeth	...	...	...	809
Temporary teeth	...	...	...	3,584
(8) General anaesthetics	...	...	...	1,845
(9) Other operations:				
Permanent teeth	...	...	...	4,252
Temporary teeth	...	...	...	168
				<hr/>
Local anaesthetics	...	...	...	1,176
Regulation appliances	...	...	...	13
Dentures	...	...	...	21

### SCHOOL HYGIENE

The sanitary circumstances of schools in Poole are generally satisfactory, apart from a few of the older schools where attempts have been made to reach a reasonable standard of hygiene by alteration and adaptation, but these schools are on the whole overcrowded, badly ventilated, poorly lit and the sanitary arrangements inadequate.

The more modern schools are constructed on hygienic lines and are generally satisfactory.

The Sanitary Inspectors make routine inspections of school premises, including school kitchens, and there is a close liaison between the School Meals Service Supervisor and the Sanitary Inspectors.

## APPENDIX

### Personal Health Services in the Borough of Poole

With the coming into operation of the National Health Service Act, 1946, the Personal Health Services, which were formerly carried out by the Poole Borough Council, passed on the 5th July, 1948, to the Dorset County Council as the Local Health Authority. The Annual Report of the County Medical Officer, Dorset, deals with these services throughout the County and includes the statistics relating to the Poole area. As, however, for the past 30 years the Medical Officer of Health, Poole, has given details of these services in his Annual Report, the following statistics relating to the Personal Health Services are included to preserve continuity of records.

The Local Health Authority is responsible for the following Health Services which are personal as distinct from the environmental :—

Health Centres (Section 21)	Care of Mothers and Young
Midwifery (Section 23)	Children (Section 22)
Health Visiting (Section 24)	Home Nursing (Section 25)
Vaccination and Immunisation	Ambulance Services (Section 27)
Section 26)	Domestic Help Service (Section
Prevention of Illness, Care and	29)
After-Care (Section 28)	

Of these, the care of mothers and young children, midwifery, health visiting, immunisation, ambulance and the domestic help service had been, prior to the 5th July, the responsibility of the Borough of Poole. On the appointed day a Sub-Committee of the Dorset County Council, known as the Poole Area Health Sub-Committee, was set up, and to it were delegated by the County Council the day-to-day administration of the Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help, the County retaining responsibility in respect of the non-delegated services :—Health Centres, Home Nursing, Vaccination and Immunisation, Ambulance, Prevention of Illness, Care and After-care. The Poole Area Medical Officer works in close co-operation with the County Medical Officer in respect of the non-delegated services.

In passing it may be noted that Poole can claim with justification and satisfaction that it was one of the pioneers in child welfare work, as it was here that one of the first child welfare clinics in the country began. About the year 1908 the "Poole Mothers' Association" was formed. This became known in 1914 as the "Poole School for Mothers", and later took the title of the "Poole Maternity and Child Welfare Voluntary Association". This voluntary association was absorbed into the Poole Child Welfare Services at the end of 1945 and on the 5th July, 1948, these services passed to the Dorset County Council.



STATISTICS

Care of Mothers and Young Children

There are 12 Child Welfare Clinics in the borough and during 1952, 1,058 children made 14,875 attendances. Of these attendances 9,369 children were under 1 year and 5,506 were between 1 and 5 years.

Dental Treatment

The tables below show in detail the dental treatment provided for expectant and nursing mothers and for young children in 1952. The general arrangements are unchanged, the mechanical work in connection with dentures being done by a general technician. The proportion of conservative work as compared with extractions is increasing, this applying both to mothers and to young children.

(a) Numbers provided with dental care:

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and nursing mothers ... ..	64	57	52	42
Children under five ...	138	102	93	87

(b) Forms of dental treatment provided:

	<i>Extractions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or Scaling and Gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Dressings</i>	<i>Radiographs</i>	<i>Dentures provided</i>	
		<i>Local</i>	<i>Gen.</i>						<i>Com- plete</i>	<i>Par- tial</i>
Expectant and Nursing mothers	64	58	—	101	6	—	7	—	4	8
Children under five	115	6	66	68	3	—	—	—	—	—



### Midwifery

During 1952, there were 10 domiciliary midwives employed in Poole by the Dorset County Council, being under the direction of the Poole Area Supervisor of Midwives. There were also 5 private midwives and 15 institutional midwives, a total of 30. There were 1,147 confinements in the borough; of these 564 were attended by the domiciliary midwives. There were 396 confinements in Poole General Hospital.

### Ante-natal and Post-natal Clinics

The Ante-natal Clinic is held once a week at Old Town and Branksome Clinics and a Post-natal Clinic is held once a fortnight at Old Town and Branksome Clinics. The number of patients who attended these during the year is as follows:—

Clinic	Ante-Natal		Post-Natal	
	Ist Attend.	Total	Ist Attend.	Total
Old Town	36	120	9	11
Branksome	31	149	13	16
Total	64	269	22	27

768 patients attended the Ante-natal Clinic at Poole General Hospital, making a total of 3,156 attendances. 334 women attended this Post-natal Clinic, making 357 attendances.

### Midwives' Acts, 1902-1936

The following table shows the progress in the reduction of maternal mortality, stillbirths, and infantile mortality during the past 10 years.

Year	Total live Births	Stillbirths	Domiciliary Births		Institutional Births	Medical Aid Summonses	Maternal Deaths	Total Deaths of Infants under 1 year
			Midwives	Maternity Nurses				
1943	1178	31	394	233	551	45	4	43
1944	1327	37	486	344	497	34	—	50
1945	1298	33	425	307	566	28	2	68
1946	1541	45	491	346	704	46	4	54
1947	1667	30	661	391	615	69	—	37
1948	1326	29	372	344	610	87	—	40
1949	1273	22	240	397	658	42	1	24
1950	1231	27	280	293	685	32	1	27
1951	1235	18	379	214	642	12	2	39
1952	1147	25	436	128	583	2	—	36

### **Maternal Mortality**

There were no maternal deaths in the borough during the year.

### **Infantile Mortality**

There were 1,147 live births and 36 deaths of infants under 1 year, giving an infantile mortality rate of 31.39.

### **Ophthalmia Neonatorum**

There were no cases of ophthalmia neonatorum during 1952.

### **Contraception**

106 women attended this clinic during the year and were given advice and instruction in accordance with Ministry of Health Circular 1408 of 1934. 545 attendances were made.

### **Immunisation and Vaccination**

During the year 838 children under 5 were immunised against diphtheria. Of these, 353 were under one year and 284 between 1 and 2 years. 9 re-inforcing doses were given to children who had been previously immunised. 445 pre-school children were vaccinated during 1952.

### **Health Visiting**

During 1951, there were 9 Health Visitors and 1 Superintendent Health Visitor. The following domiciliary visits were paid to expectant mothers and children under 5 years:—

First Visits to Expectant Mothers	...	...	113
Total Visits to Expectant Mothers	...	...	135
First Visits to children under 1	...	...	1131
Total Visits to children under 1	...	...	7263
First Visits to children 1-5 years	...	...	2
Total Visits to children 1-5 years	...	...	10007

### **Ambulance Service**

The staff of the Poole Area Ambulance Service during 1952 was one supervisor, one deputy supervisor and eleven driver-attendants. Four first-line ambulances, two second-line ambulances and two Utilicon sitting ambulances were in operation. The number of journeys covered by the ambulances and the Hospital Car Service was 10,155, and the total mileage travelled was 165,335.

### **Domestic Help Service**

During the year the Poole Area Domestic Help Organiser supplied help to 184 women, 40 domestic helps being employed.